

KAMUZU COLLEGE OF NURSING

LIVED EXPERIENCES OF OLDER WOMEN OF TRADITIONAL AUTHORITY KACHINDAMOTO IN DEDZA: A PSYCHOSOCIALPERSPECTIVE

BY

SEKUNDINA MPEKETULA MATEWERE

BScCHN, DipN, UCM

A DISSERTATION SUBMITTED TO THE FACULTY OF NURSING, UNIVERSITY OF MALAWI IN PARTIAL FULFILMENT FOR THE AWARD OF MASTER OF SCIENCE IN COMMUNITY HEALTH NURSING

NOVEMBER, 2015

DECLARATION

I Sekundina Mpeketula Matewere, declare that this dissertation titled 'Lived Experiences of Older Women of Traditional Authority Kachindamoto in Dedza: A Psychosocial Perspective,' is my original work. It has never been submitted for any other awards at the University of Malawi or any other University. The sources of information utilised in this work have been acknowledged in the reference list.

SEKUNDINA MPEKETULA MATEWERE

_____

Signature

_____

Date

CERTIFICATE OF APPROVAL

The undersigned certify that this thesis represents the student's own work and effort and has been submitted with our approval.

Signature _____ Date _____

Gladys Msiska, PhD (Senior Lecturer)

Main Supervisor

Signature _____ Date _____

Andrew Simwaka, MSc (Lecturer).

Co-Supervisor

Signature _____ Date _____

Alfred Maluwa, PhD (Associate Professor).

Member, Supervisory Committee

DEDICATION

This work is dedicated to all older women for their contributions in caring for mankind despite the multiple psychosocial challenges they face. My dedication include my grandmothers: Mary Anasingo Mpeketulafrom paternal side who died at the age of 83 years and Anne Maya from maternal side whose face I did not see as she died before I was born. The dedication is not limited to my mother in-law Felesina Matewere and my mother Martha Maya Mpeketula for their continued caring spirit and perseverance of some life challenges in their process of ageing.

ACKNOWLEDGEMENTS

First and foremost, I do not take it for granted God's supreme greatness that saved me, my son and my husband from a terrible road traffic accident during the period of my studies and for the miraculous healing of everybody involved. May the Lord Almighty bless my parents, brothers, sisters, in-laws, friends and staff members of Kamuzu College of Nursing, all the doctors, nurses, priests: Fr Kaderera the then Chaplain for Kamuzu Central Hospital, Fr Albert Chilambo, Fr Sam Ng'oma and all people too numerous to mention for their physical, spiritual and psychological care they offered.

I extend appreciation to Christian Health Association of Malawi for sponsoring my studies, the older persons and their families for participating in the study, the village headmen for accepting entry into their village and my supervisors for their mentorship role and guidance on the research process. Dr Gladys Msiska provided helpful comments on how to conduct hermeneutic phenomenological research while Mr Andrew Simwaka provided insight on the psychosocial perspective. I am grateful to Dr A. Maluwa for the guidance he rendered on research proposal standards. All the lecturers and library staff who have played a role in my studies are greatly appreciated. My fellow pioneer colleagues of 2012 to 2014 Masters in Community Health Nursing class are being acknowledged for the support that we rendered to each other towards perseverance of the consequences of being the beginners of the programme at the institution with special thanks to my friends, Jane Dzoole and Modesta Banda. The Dakamau family is being recognized for their sacrifice in ensuring for my settlement and psychological comfort in the initial days of my studies.

My parents, Melkias and Martha Mpeketula are being appreciated for the job well done in upbringing me in a disciplined manner to become a lady who should achieve physical, spiritual, psychosocial, educational and economical goals in life. May the good Lord bless you more and more!!! Special thanks go to Mrs Marcia Chalanda for her motherly heart in tough times.

To my husband Francis Matewere, your support towards achievement of my dreams is not taken for granted. May the Lord Almighty give you the full measure of your blessings! To our children, Grace, Martha, Francis Junior, Raymond Miracle as well as my brother in-law Ignasio, I pray that God's unfailing love and blessings be upon you all for your patience and endurance on the motherly love you missed from me during my studies. To God Almighty is the Glory forever and ever for bestowing several breakthroughs and victory upon our lives.

ABSTRACT

Experiences of older women in Malawi have not been extensively explored despite evidence on abuse of older people and the growth of their population globally. This was a qualitative study which employed hermeneutic phenomenology to explore lived experiences of older women of Traditional Authority Kachindamoto in Dedza. Purposive sampling was done. The sample comprised of sixteen older women. Face to face in-depth interviews were conducted using a semi structured interview guide. Data analysis was done using Interpretive Phenomenological Analysis.

Findings revealed multiple psychosocial challenges which older women experience as a result of elder abuse, HIV and AIDS, different forms of loss and finally being the uncertainty of obtaining support. A common psychosocial impact expressed was living a life of torture endured silently leading to low self-esteem. Despite these problems, some older women who were still living with their spouses expressed positive experiences. There is evidence that older women who still have their spouses are respected in society than those without. Additionally, the study has identified other coping mechanisms that facilitate positive living among older women without spouses. The implication is that the multifaceted and multidimensional nature of older person's challenges calls for a renewed action that have to involve multi-disciplinary as well as multi-sectoral collaboration and coordination in offering services for older people.

Key words: Older women, psychosocial challenges, elder abuse, Hermeneutic Phenomenology

TABLE OF CONTENTS

Contents

DECLARATION....i
CERTIFICATE OF APPROVAL....ii
DEDICATION....iii
ACKNOWLEDGEMENTS....iv
ABSTRACT....vi
TABLE OF CONTENTS....vii
LIST OF TABLES....xi
Table 1: Overview of themes across participants……38....xi
Table 2: Sub themes of Elder Abuse enriched with examples from participant's narratives..39....xi
ACRONYMS AND ABBREVIATIONS....xii
CHAPTER ONE....1
INTRODUCTION AND BACKGROUND INFORMATION....1
Introduction....1
Background information....2
Problem Statement....6
Aim of the Study....7
Specific Objectives....7
Significance of the Study....7
CHAPTER TWO....8
LITERATURE REVIEW....8
Introduction....8
Description of Psychosocial experiences as lived by older women....9
Perception of older women on their lived experience....16
Experiences that facilitate positive living among older women....20
CHAPTER THREE....23
METHODOLOGY....23

Design 23
Setting 27
Sampling and Sample Size 28
Inclusion Criteria 28
Exclusion Criteria 29
Data Collection Procedures 29
Data Analysis 30
Trustworthiness of Data/Rigor 33
Credibility 33
Dependability 34
Transferability 35
Confirmability 35
Ethical Consideration 36
CHAPTER FOUR 37
PRESENTATION OF FINDINGS 37
Description of psychosocial experiences 39
Multiple Psychosocial Challenges 39
Elder abuse 40
Elder abuse: Stigma and discrimination 40
Elder abuse: Witchcraft accusations 45
HIV and AIDS: a big challenge 47
Loss 49
Uncertainty in waiting time for support 51
Perception of psychosocial experiences 52
Identification of what facilitates positive living among older women 54
Positive living with Ageing 54
Ageing..good because it is time 55
Appreciate God 55
Find peace in farming and caring roles 56
CHAPTER FIVE 59
DISCUSSION OF FINDINGS 59

Exposing multiple psychosocial challenges of older women and positive living with ageing 59
Multiple psychosocial challenges and its perception 60
Elder abuse: Stigma and discrimination 60
Elder abuse: Witchcraft accusations 66
HIV and AIDS: a big challenge 67
Loss 72
Uncertainty in waiting time 76
Positive living with ageing and its perception 77
Study limitations 82
Recommendations 84
Community health nursing practice 84
Nursing education 86
Nursing management 86
Nursing research 87
Conclusion 88
REFERENCES 89
APPENDICES 102
Appendix A(i): Participants Information Sheet 102
Appendix A (ii): Kalata ya Chidziwitso cha Kafukufuku M'chichewa 105
Appendix B (i): Consent Form 108
Appendix B (ii): chikalata chovomereza kutenga nawo mbali mu kafukufuku 109
Appendix C (i): Interview Guide 110
AppendixC (ii): Mafunso 112
Appendix D Request for study permission 114
Appendix E District Commissioner's Approval 116
Appendix F COMREC Approval Certificate 117
Appendix G: IPA procedural steps adopted from Smith, Osborn and Smith (2003) 118
Appendix H: Colaizzi process for phenomenological data analysis 119
Appendix I: Lichtman six stage process of qualitative data analysis 120
Appendix J: Diekelmann, Allen and Tanner process of data analysis 121

Appendix K: Table presenting demographic variables of all participants 122

LIST OF TABLES

Table 1: Overview of themes across participants……38

Table 2: Sub themes of Elder Abuse enriched with examples from participant's narratives..39

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
HIV	Human Immunodeficiency Virus
MGDS	Malawi Growth and Development Strategy
MIPAA	Madrid International Plan of Action on Ageing
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION AND BACKGROUND INFORMATION

Introduction

Population ageing is one of the greatest challenges facing contemporary society because of its many social, economic and political implications as population aged sixty years and older is expected to be more than double globally, from 542 million in 1995 to about 1.2 billion in 2025 [World Health Organization (WHO), 2011]. Population ageing is defined as the acceleration of global population growth in older people and a phenomenon that occurs when the median age of a country or region rises due to rising life expectancy and declining fertility rate in different parts of the world(Lutz, Sanderson, & Scherboy, 2008). It is further observed that the consequence of the increasing population of older people is increased trend of elder abuse (Cohen & Menken, 2006; Mba, 2007; WHO, 2011). Africa has long been considered a society with high value system of reverence for its older citizens. However, this is no longer the case because the changing social and economic environment has resulted into older persons' challenge of not always being given the respect and reverence that tradition expect in sub-Saharan Africa as evidenced by elder abuse, neglect and inadequate housing conditions (Mba, 2007).

Several United Nations (UN) international conferences have addressed issues on older people in which member states including Malawi are signatories to their declarations. This calls for the need in strengthening research to meet the needs of old people in compliance with the UN international declarations. Moreover, Pastory (2013) indicates that human beings spend one quarter of their lives growing up and three quarters growing old.

Background information

Old age is expected to be the golden period of one's life characterized by satisfaction of the life lived even though in many African countries it is a nightmare and disappointing experience because the rights of older persons are often trampled upon and older women are often accused of witchcraft and are blamed for every calamity that happens in their communities including the HIV and AIDS pandemic (Mba, 2007).Older people are defined as women and men who have attained the age of sixty and above in developing countries and those from sixty five and above in developed countries (WHO, 2011). In Malawi, older people are those who have attained sixty years and more (Ministry of Disability and Elderly Affairs, 2012). Population and Housing Census of 2008 reports Malawi's population of older people to be 684,083 from a total population of 13.1 Million people (National Statistical Office, 2009). Despite older people being in minority, they have their own rights that ought to be respected. Additionally, as the global picture projects population increase among older people,there is need to explore the challenges associated with the ageing population.

International debates on the policy challenges associated with the health of ageing populations have intensified in recent years as a result of shifting trends towards the sharp rise of older persons' absolute number as compared to any other age group globally (Aboderin, 2011). The major concerns in these debates are observed to be vulnerability of older persons due to ill health and disability from age related chronic non communicable diseases as well as lack of access to basic services than do younger age groups suggesting an element of age related social exclusion (Aboderin, 2011). The General Assembly of the UN convened the first World Assembly on ageing in 1982 that produced a 62 point Vienna International Plan of Action on ageing. This General Assembly called for specific action on

issues such as: health and nutrition, protecting older consumers, housing and environment, family, social welfare, income security and employment, education and enhancement of research on older people (United Nations, 2008).It is further indicated that in 1991, the General Assembly adopted the UN Principles for Older Persons that provided eighteen entitlements for older persons relating to independence, participation, care, self-fulfilment and dignity. International Conference on Ageing was held in 1992 to monitor progress where a proclamation on ageing was adopted. Following the Conference's recommendations, the UN General Assembly declared 1999 the International Year of Older Persons. The second World Assembly on ageing that aimed at designing international policy on ageing for the 21st century was held from 8th to 12th April, 2002 in Madrid, Spain. The output was the adoption of a Political Declaration and the Madrid International Plan of Action on Ageing (MIPAA). HelpAge International (2010) indicates several follow up conferences on older people that were conducted including: Brasilia Declaration, Second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean 4 to 6th December, 2007; Lindsay Judge, International Symposium on the Rights of Older People-London, January, 2009.

The African Union (AU) Heads of State and Governments adopted AU Policy Frame Work and Plan of Action to MIPAA through the Economic Commission for Africa to serve as a guide for key priority areas in meeting the needs of older people in all member states (Kazeze, 2008). Additionally, the plan of action called for changes in attitudes, policies and practices at all levels in order to give priority to older persons for development, advancing health and wellbeing into old age and ensuring enabling and supportive environments. United Nations (2012)also emphasizes on the African Charter on Human and People's Rights (1981)

that includes the right of older and disabled people to special measures of protection in keeping with their physical and moral needs.

In 2006, an intergovernmental conference on social protection that involved thirteen African Ministers and Senior Representatives including Malawi was held in Livingstone, Zambia to examine new ways of solving problems of the most vulnerable where one of the strategies was for the countries to have a reliable long term funding for social protection through a consideration of cash transfer to the most vulnerable older people especially those keeping orphans (Kazeze, 2008). On 8thto 10thJuly 2008, the African Research on Ageing Network, the International Association of Gerontology and Geriatrics as well as Help the Aged United Kingdom, convened a policy research dialogue in Abuja, Nigeria to identify key information and training needs for older persons. This involved thirty five experts; health professionals, academics and policy makers from Kenya, Nigeria, South Africa, Senegal and a number of international resource persons (Kazeze, 2008).

Malawi responded to some of the declarations as evidenced by the establishment of Ministry of Disability and Elderly Affairs in 2006 and drafting of a National Policy for Older Persons in Malawi. The aim of the policy is to increase older person's productivity, independence and promote active involvement in the development of their communities and the country (Ministry of Disability and Elderly Affairs, 2012). The draft policy further indicates that Malawi is one of the member states that subscribe to a number of international instruments intended to protect the rights of older people such as: UN Plan of Action on Ageing-1982, the UN Principles of Older Persons-1991, the UN proclamation of Ageing1992 and the UN Madrid Plan of Action on ageing-2002. During late President Bingu wa Mutharika's reign, initiatives and activities for older people begun being implemented in

Malawi whereby the Ministry for older people was established, its policy drafted and a pilot cash transfer project that included the vulnerable older people was initiated. Furthermore, a Non Governmental Organisation called the Bingu Silver-grey Foundation was established (Kazeze, 2008).

Despite being a signatory to the UN declarations and formulation of a Ministry on affairs of older people, there is no specific programme on the ground targeting on concerns of older people. Furthermore, over the past years, there has been no specific policy document on older people in Malawi. Worse still, related policy documents such as: the Millennium Development Goals, the HIV and AIDS Policy, the Health Sector Strategic Plan are not stipulating much on older people and yet they face a lot of challenges. The Malawi Growth and Development Strategy (MGDS) 2006 to 2011, stipulates the need to address issues related to social protection of the most vulnerable including older people (Government of Malawi, 2006). However, strategies concerning provision of social services to older people are not indicated within the MGDS document. It is therefore essential to explore the experiences of older women to determine whether they are socially protected or not. Ministry of Disability and Elderly Affairs (2012) specifies that older people in Malawi have been subjected to loss of dignity, respect, love and have become victims of difficult circumstances despite the signing of the international declarations to support them. However at the time of conducting the study, the Ministry of Disability and Elderly Affairs had not yet taken an active role in offering comprehensive services for older people apart and the policy was still in draft form. This corresponds to the global challenge in affairs of older people that recognized a lot of issues such as: neglect, abuse and violence against older people during the 2002 Madrid World Assembly. It was against this background information that the researcher

was passionate about exploring lived experiences of older women on issues influencing their psychosocial wellbeing in a selected Malawi setting.

Problem Statement

Malawi is a signatory to some of the international instruments on older people(Ministry of Disability and Elderly Affairs, 2012). Despite this, in Malawi, older peoples' issues have not been emphasized on the development agenda. In Malawi older people, women in particular become victims of elder abuse such as witchcraft accusations(Chilimampunga & Thindwa, 2011; Dicks, 2013; Mgbako & Glenn, 2011). Worse still, social services such as health services are observed to favour children, the youth and the reproductive age group. Over the past years, there has been no specific policy document on older people. Even related supporting documents such as; the Millennium Development Goals, the HIV and AIDS Policy, the Health Sector Strategic Plan and the Community Home Based Care Policy do not stipulate much on older people. Despite existence of older people in Dedza and the mushrooming of several Community Based Organizations in the district, there are no civil society organisations and programmes targeting them (Dedza District Social Welfare Office, 2013). The psychosocial aspect is believed to be a significant determinant impacting the life of older people as revealed by psychosocial theories of ageing hence the focus has been on a psychosocial perspective.

Aim of the Study

The aim of the study was to explore insights of older women of Traditional Authority Kachindamoto in Dedza district in relation to their lived experiences from a psychosocial point of view.

Specific Objectives

The study specific objectives were to:

- Describe psychosocial experiences as lived by older women within Traditional Authority Kachindamoto in Dedza.
- Explain how older women perceive the ageing experience.
- Identify what facilitates positive living among older women.

Significance of the Study

The study has revealed multiple psychosocial challenges which older women experience that is suffered in silence. Additionally, the study has identified other coping mechanisms that facilitate positive living among older women without spouses as lessons learnt. The contributions that older people can make to the society for their active ageing have also been illuminated. This understanding would make people in society to pay attention to new cues from the older person's perspective for the provision of support in a more informed way and for advocacy with evidence based information in the process of informing policy through health planners as well as planners in various sectors of social services.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter presents the literature that has been reviewed using search engines basically HINARI inside Pub Med and Google Scholar, WHO and UN websites and National Statistical Office for the population of older people in Malawi. Effort was made to select literature that is in line with study objectives organized using key words that included: older women, psychosocial challenges, elder abuse and hermeneutic phenomenology. The literature within the timeframe of five to ten years was considered. However, other documents that were not within the timeframe were used depending on the importance of the information such as Heidegger (1927) who is the primary source of the information on philosophical underpinnings that have guided the methodological process of the study and is highlighted in the chapter of methodology.

The literature reveals varying understanding of experiences of older people with reference to their psychosocial challenges faced from country to country with some cross-country similarities depending on different geographical and cultural contexts(Van Bavel, Janssens, Schakenraad, & Thurlings, 2010). Lived experiences of older people therefore need to be understood within the context under study. What can be perceived as a major challenge of older people in one country may not be so for another though most of the concerns are the same but requiring different priority setting in dealing with them. Despite this, it can be argued that commonalities in experiences of older people exist in both developed and developing countries. For instance United Nations Population Fund (UNFPA) observes that

some of the problems are common to all societies experiencing aging such as the need for family support of older people that remains quite prevalent both in low and high income countries (UNFPA, 2009). For this literature review, much has been presented from evidence of other countries as there is critical dearth of scientific literature on older peoples' experiences from Malawi (Dicks, 2013; Mgbako & Glenn, 2011).Efforts have been made to at least identify evidence from other African countries that might have some similarities in geographical, cultural and historical backgrounds in order to complement the Malawian scientific literature that is limited.

Description of Psychosocial experiences as lived by older women

World Health Organization (2013a) indicates that ageing encompasses a lot of psychological and sociological developmental issues that include three main aspects namely: chronological age, change in capabilities and change in social role. Increasing chronological age goes hand in hand with deteriorating body functioning due to degenerative processes of body systems. This leads to change in social role that occurs because active contribution is no longer possible due to accompanying physical decline. These major life changes affect the psychosocial aspect of older people due to accompanying stressors in the process (Stanhope & Lancaster 2012).

One of the psychosocial theories of ageing comprises social disengagement theory. It is believed that in social disengagement theory, older individuals withdraw from society as they grow older and that the society also withdraws from older people being an influence of children leaving home, partners or friends dying and decreasing social circles, a situation that becomes like separation mutually agreed upon (Shepard, 2011). However, this may be

common in Western culture. In African culture, older people continue to be part of the community and become valued members of the community for their life experiences and wisdom (HelpAge International, 2008). Additionally, Stanhope and Lancaster (2012) stipulate that activity theory is one of the psychosocial theories proposed by Havighurst (1963) that suggests that individuals need to be involved in alternative work activities for successful ageing basing on personal, social, biological and economical changes and how people adjust to these changes. Shepard (2011) emphasizes that people who experience old age as a progressive decline leading to death may view old age as a depressing, useless period leading to helplessness while those who view aging as a process in life development can see old age as an opportunity to gain new satisfaction and understanding of themselves and others. This provides joy and a sense of purpose in one's life.

Psychosocial theorists identify stages and tasks for each age group. For instance, Erik Erikson's (1963) psychosocial theory stage pertaining to older adults is ego integrity versus despair (Stanhope & Lancaster, 2012). The stage of integrity versus despair aims at accepting one's life as meaningful and acceptance of life and death where death is seen as a part of life. If this stage is not adequately bridged, older person is in a state of despair and feelings of anger, bitterness, depression, inadequacy, failure and fear of death.

The literature reveals different types of experiences as regards the psychosocial perspective of older women in form of both positive and negative aspects with most of experiences being negative and detrimental to health of old people. Experiences of the psychosocial nature include elder maltreatment in form of different abuses such as being deprived of the sense of autonomy in decision making for own psychosocial well being, ageism, discrimination and social exclusion. World Health Organization (2011) reports that

worldwide 4% to 6% of older people in developed countries have experienced some form of maltreatment while in developing countries prevalence estimates range from 1% to 10 %. It is further reported that elder abuse is a typically underreported problem globally. Additionally, it is envisioned that if proper measures will not be taken, the growing global population aged 60 years and older is expected to increase the magnitude of abuse.

Internationally, over the past twenty-five years, academics, policy makers and practitioners have paid increasing attention to elder abuse (Van Bavel et al., 2010). They provide a basic understanding of elder abuse that exists in eleven countries namely: Austria, Germany, Greece, Ireland, Italy, Poland, Portugal, The Czech Republic, Netherlands, Slovenia, and Slovakia. Findings revealed that understanding of elder abuse varied from country to country with some cross-country similarities. This indicates a global concern of elder abuse as the findings are similar to the UN Madrid International Plan of Action and WHO reports hence the passion to investigate and reveal salient experiences of older women within a specified area of study.

Autonomy for older people is an important concept because it brings dignity to peoples' lives, regardless of physical circumstances as emphasized by the UN Madrid International Plan of Action on ageing that stipulates the need to include older adults in autonomous decision-making processes (Welford, Murphy, Rodgers, & Frauenlob, 2012). Doyle (2010) explored experiences of older people and examined their care meaning and impact in relation to their autonomy and personal satisfaction in Queensland. Findings revealed perceived care to be contrary to the expectations of some older people. They preferred active participation in their care with a consistent primary care giver and sought to maintain their sense of autonomy, life style, home environment, routines and relationships as

closely as possible to those that assisted them prior to their need for support. It was further revealed that while other older people developed supportive connections with their care givers, others experienced ageism, abuse and exploitation with their care givers that at times resulted in loss of their independence, possessions as well as connectedness with others impacting their psychosocial well being.

On a similar note, Breitholtz, Snellman, and Fagerberg (2013) conducted a hermeneutic phenomenological study in Sweden that revealed the meaning of older people's opportunity to make independent decisions. Three themes namely: being facilitated to make one's own decisions, being hindered from making one's own decisions, struggling for versus resigning oneself to losing the opportunity to make one's own decisions were revealed. These led to the comprehensive understanding that as older people become more dependent on caregivers' help, their opportunity for independent decisions is challenged and becomes stressful. This implied the need for the current study to understand older peoples' experiences in relation to the support provided to them by their significant others towards promotion of their decision making and informed choice in their care provision for psychosocial well being.

Despite older peoples' need for social connectedness, HelpAge International (2008) indicates that older people in African society today are often excluded from development programmes and discriminated against by social services and yet millions of families across the continent would not survive without the contribution of older people such as caring for orphaned grandchildren and providing household income. Older women are reported to be particularly vulnerable than their male counterparts. Apt (2007)observes the well being of ageing women to have been a prominent agenda issue of concern for more than two decades

at UN conferences following the World Assembly on Ageing in 1982.Conversely, African older women continue to experience discrimination and abusive situations most of which is not reported (WHO, 2011). This concurs with Apt (2007) who observes that in many African societies, women have unequal and inadequate access to basic services, food and nutrition in addition to having no rights to land ownership. He further realised that while women are mostly widowed others are divorced and suffer from degradation and extreme deprivation. Further to this, he documents that due to existing social inequalities, women are often disproportionately vulnerable to hunger. Besides, it is observed that they produce sixty to eighty percent of food in most developing countries and more than eighty percent in Africa, yet they own only one per cent of the land and receive only seven percent of agricultural extension time and resources. Apt (2007) further indicates weakening of support systems for older women whereby widows and childless women were reviewed to be at greater risk of hardship in their old age with declining social power. Similarly, Kazeze (2008)reports that older people are among the poorest in the African society, because of their weakness and the lack of any public support like pension schemes or dedicated health care program.

Correspondingly, Wahab and Imeogu (2013) found house hold poverty to be a contributing factor to social exclusion among older people. More than half of the respondents admitted to have been discriminated based on their age while about one-third of the respondents indicated to have not been discriminated based on their age. The concept of ageism which is prejudice based on age was therefore identified. The era of extended households was observed to have been evaded by nuclear households in modern development leading to changed social institutions that leave older people excluded from social ties. This was revealed to have severe implications for the older people as more young people are

leaving agricultural areas which are the basic residence of the older people to seek for growing wage economy outside agriculture. Older people are thus faced with declining family income.

In relation to elder maltreatment based on ageism, Tanzanian older aggregates are revealed to be affected as their social settings have not accommodated the welfare of older people with reflection to the health sector. Ageism is reported to be so rampant in Tanzania's health sector manifested in long waiting queues and referral to specialist's services as well as persistence of unresolved poor health status among older people as compared to any other age group (Pastory, 2013).

Studies in Malawi reveal witchcraft accusation as the common issue experienced by the older people. For instance, Chilimampunga & Thindwa (2011)found that witchcraft was accepted by 87% house hold heads to be practiced in their area whereby older people especially women were accused more of witchcraft leading to social isolation and psychological effects. Food and Agriculture Organization and Bingu Silvergrey Foundation for the Elderly (2008) report that in Malawi, older people are often considered witches because they survived too long and sometimes they suffer from violence and even lynching. It is further reported that 48% of Malawians in 2003 either knew or heard about the abuse of an older person in the country.

On a positive note, Bezner Kerr, Dakishoni, Shumba, Msachi, and Chirwa (2008) examined grandmothers' role and views of child feeding practices in Malawi. It was found that grandmothers have a positive experience in influencing the frequency with which young children are fed, particularly during the rainy season when mothers are working long hours in

the field. It was also observed that grandmothers play advisory role in marriage and child illness. While getting advice is very beneficial to the couples, it is also very important to the grandmother with such an experience who gains self esteem as she takes an active role in society. Older people also experience challenges in caring for HIV infected children and relatives. For example, a study on "Challenges faced by older guardians in sustaining the adherence to antiretroviral therapy in HIV infected children in Zimbabwe illustrated that deteriorating mobility, memory and comprehension of complicated treatment plans, coupled with poverty in limited social welfare and government support, make it difficult for some older guardians to sustain the treatment of HIV infected children in their care presenting a key challenge for paediatric Ante Retroviral Treatment adherence (Skovdal, Campbell, Madanhire, Nyamukapa, & Gregson, 2011). This makes it important to explore experiences of older women in taking care of the sick and identify gaps that exist in order to consider psychological and emotional needs when addressing the problems.

Mall (2005) describes that older people in most AIDS affected countries are challenged by the role of being caregivers to their children and relatives infected by HIV. He points out that in sub-Saharan Africa, about 13 million children have lost one or both parents to HIV and AIDS. He further emphasizes that in Namibia, South Africa, Botswana, Malawi, Tanzania and Zimbabwe, up to 60% of orphaned children live in grandparent headed households with women more likely than men to be the main carers. It was further revealed that in addition to HIV and AIDS burden on the older people, it poses a direct infection risk such that in Zimbabwe, over 70% of carers of people with HIV-related illnesses are above 60 years of age. This implied the need for the current study to investigate older women

experiences in a psychosocial perspective that incorporated HIV and AIDS concerns as a cross cutting issue.

Furthermore, in Malawi, a study on the impact of HIV/AIDS on older people in Chiradzulu district found that social support networks are disrupted and that older people are left impoverished due to HIV burden (Sefasi, 2011). This is in line with a report that indicates that Malawi's population of older people is seeing less care and support from their children and communities as the impact of HIV and AIDS and a weakening economy is changing family structures in the country(Food and Agriculture Organization& Bingu Silvergrey Foundation, 2008).

Perception of older women on their lived experience

It is necessary to understand how older women feel about experiences of abuse, isolation and loneliness and hence this part of literature review that has focused on perception of older people on their experiences in regards to the psychosocial perspective. In WHO European region, understanding of abuse and neglect is based on signs that include: dirty surroundings, poor personal hygiene, soiled bedding, smell, untreated cuts or sores and poor dental hygiene(Perel-Levin, 2008). Additionally, he states that abuse implies unexplained disappearance of funds, valuable possessions, changes to wills or financial documents against the older person. Centre for Ageing Research and Development in Ireland (2011) revealed that although over 2% of older people in Republic of Ireland had experienced abuse and a policy to address this was published, little was known about older peoples' understanding of elder abuse hence views of abuse were explored and revealed as omission and commission of various actions such as verbal abuse and neglect by failing to support older people in

different forms. Older people believed there was a link between elder abuse and their own status and value to society as older people who were dependent on others for care were identified as being particularly vulnerable to elder abuse. This concurs with what Wahab and Imeogu (2013) found on house hold poverty to be a contributing factor to social exclusion among older people leading to psychological distress. This poses to be a threat to the health status of older people because psychological stressors and other feelings of negativity due to life experiences are revealed to be associated with incidence of stroke while protective psychological factors against stressors such as optimism and positive attitude towards ageing were associated with a reduced incidence of stroke (Araki & Ito, 2013).

Wu and Zhang (2011) studied the understanding of the experience of isolation and loneliness and its impact on old peoples' well-being in Finland. Findings revealed that loneliness experiences are understood as being associated with a deficiency in social support among older people exerting direct effects on the psychosocial well-being. Loneliness was interpreted as the subjective, unacceptable feeling of loss of companionship while social isolation was considered to be the objective absence of contacts and interactions between an individual and a social network. The implication is that social isolation and loneliness arise from various forms of loss such as loss of loved ones through death as well as loss of social networks that lead to insufficient interaction. Basing on evidence presented on elder maltreatment experiences partly recognized by loss of social networks, it is being observed that older people are faced with isolation and loneliness problem in the course of experiencing loss. This poses to be a contributing factor to psychological disturbances impacting on the older peoples' well being.

Similarly, Nalungwe (2009) describes loss of a spouse in older women as the most disorganizing life event they can ever stand. Her study findings revealed increased rates of mortality, illness and depression being the effects of loneliness in older widows as compared to their married counter parts. Experiences of older women who lost their husbands included painful period of bereavement accompanied by severe loneliness, obsessive thoughts of the deceased, restlessness, insomnia, somatic complaints and poor mental well being. Loneliness was therefore understood to be multi-faceted concept among older widows that has sometimes been equated with social isolation.

Apt (2007) indicates that there are more older widows than there are older widowers hence the implication that there are more older women experiencing loss, isolation and loneliness leading to psychological disturbances and poor mental health than their male counterparts. This explains one aspect why the study on older peoples' experiences focused on women in order to identify gaps in the psychosocial concerns of this vulnerable group.

Rush, Watts and Stanbury (2013) carried out a descriptive study that involved in-depth interviews with thirteen community dwelling older adults in Canada to understand the meaning and perceptions of weakness in ageing. Older people understood weakness as inability and inside turning applied to others and not to themselves prompting them to engage in several efforts at staying strong. Mechanisms to cope with this included keeping busy and self validation as a strong person. Older adults' perceptions of the association between weakness and ageing implied that while some adults accept their ageing status, others will still deny that fact. Related to this study is what Nicholson, Meyer, Flatley and Holman (2012) explored on the understanding of experience of older people with changing states of frailty in London within the home setting. The study found that frailty is understood in terms

of potential capacity of only being a state of imbalance in which people experience accumulated losses whilst working to sustain and perhaps create new connections. This implies the element of denial to accept the body weakness and being confident to remain capable of performing daily activities by developing coping mechanisms. Failure to cope implies psychological disturbances. This is supported by a synthetic review on depression and frailty in later life that revealed a bidirectional relationship between depression and frailty in later life, frailty being common among socially isolated and economically disadvantaged women (Mezuk, Edwards, Lohman, Choi, & Lapane, 2012).

Application of understanding of how older women perceive their body capabilities with ageing provided a guide on how the older person could best cope with their daily physical activities that also promote their psychosocial well being.

A similar study was conducted in Sweden in which Brännström, Bäckman, and Santamäki Fischer (2013) aimed at illuminating the meanings of the lived experience of living in an ageing body and using a walker in daily life. It was revealed that lived experience of living in an ageing body and using a walker in daily life meant walking on the edge based on the themes of being vulnerable and dependent referring to failing to even use the walker while being confident and independent meant loving the walker as a vehicle to remain independent. Walking on the edge was therefore understood as a phenomenon that could either imply denying that the body is weak for fear of being stigmatized or perception of the walker as an extension or expansion of the body so much so that once the older person has embraced the walker as a part of the body, a violation of the walker can be experienced as a trespass on the person's self. It applies that older people have their own ways of coping with loss of body function to prevent psychological trauma that can cause poor mental health

hence the need for the social system to be supportive of walkers made available to older people who should require such a service.

Different forms of loss such as that of body function, spouse through death and property is observed to contribute to an understanding of poor psychosocial well being among older women. The plight of older people is being revealed in literature to be perceived as being upheld by their capability to own resources, have strong social ties and be self reliant. For instance, the study on social exclusion and house hold poverty among the older persons in Nigeria conducted by Wahab and Imeogu (2013) recognized household poverty as an important predictor of whether or not the older person would be socially excluded. Similarly, Doyle (2010) reveals that the more the older person relied on support by the care giver in most activities of daily living, the more their sense of autonomy was challenged to be lost posing to be stressful for them.

Experiences that facilitate positive living among older women

This section presents evidence based information on experiences that facilitate positive living and promote older peoples' well being from a psychosocial perspective. The preceding section of literature review has just revealed psychological stressors and other feelings of negativity due to ageing to be associated with incident of stroke while protective psychological factors against stressors such as optimism and positive attitude towards ageing have been associated with a reduced incidence of stroke. It is therefore necessary that negative experiences among older women be known and understood for appropriate evidence based practices that can be strategized to minimize anticipated psychological effects harmful to the well being of older women.

Wu and Zhang (2011) indicate lessons that worked in alleviating social isolation and loneliness as well as enhancing well-being among older people as revealed by the following evidence best practices: using group meeting and discussion about health themes for lonely older people to improve social interaction and physical health of the participants, strengthening levels of social support at the onset of the intervention, initiating health promotion services for older people, establishing network of different types of friendships among the older people and involving them in planning, developing and delivering activities are most likely to be effective to reduce social isolation and loneliness. This concurs with what Rush et al.(2013) recommends in the study regarding older adults' perceptions of weakness and ageing, that it is important to engage older adults in active strategies that enhance muscle strength while capitalizing on their self-motivating and validating efforts at staying strong. Additionally, as Brännström et al. (2013) indicated in their study on the importance of the walker to some of in their conclusion that care takers of older people needed to consider the walker as a personal and valued possession of older people that needed to be placed within easy reach of the older person. Similarly, it applies that older people in various settings have their priority needs that need to be investigated and be dealt with accordingly in order to solve such priority problems and prevent psychological problems among this group. Joanna Briggs Institute (2009) found that adapting to changes in physical functioning, new environments and participating in life activities was challenging and connectedness to others and to spirituality was important during recovery. This implies that interaction with significant others as well as divine connectivity is an important psychosocial aspect in the healing process. Likewise, Luo & Waite (2011) found that levels of happiness are higher and levels of psychological distress are lower for older adults who

reported any mistreatment if they also reported more positive social support, social participation and feelings of social connection. Identification of gaps in social networks and support systems for older women would illuminate more understanding of the psychosocial experiences among this group.

In conclusion, literature has revealed experiences of older women to be mostly negative at all levels from the global to the local perspective. Most of the experiences are similar where elder abuse is featuring high on the agenda of international, regional and local platforms. The literature reviewed has revealed availability of scientific literature for international studies but a gap in Malawian studies on the area posing a challenge of deficiency of scientific studies on older people in Malawi.

CHAPTER THREE

METHODOLOGY

This chapter presents the design, setting, sampling technique and sample size, data collection procedures, data management and analysis methods that have been utilised. It also describes how rigor has been ensured for.

Design

This was a qualitative study that employed Heideggerian hermeneutic phenomenology. Qualitative research methods enable researchers to study social and cultural phenomenon where as quantitative research methods enable researchers to study natural phenomenon based on objective counts, measures of things and seeks explanatory laws (Polit & Beck, 2010). The qualitative approach was therefore chosen based on its importance in exploring the social phenomenon among older women. Speziale, Streubert and Carpenter (2011) indicate four major types of qualitative research namely: phenomenology, ethnography, grounded theory and case study. The researcher opted for a phenomenological study as it was found to be relevant to the research topic that sought understanding of the perceived reality of the older women in terms of their lived experience in the psychosocial context. Polit and Beck (2010) further state that the purpose of the phenomenological approach is to explore behaviours, perspectives, feelings and experiences of people and what lies at the core of their lives in order to discover subjective hidden meanings and how they are perceived by the actors in a situation. Phenomenological inquiry describes issues of human complexity by exploring lived experiences directly through an aspect of human

subjectivity and illuminating rich in-depth understanding of such experiences that present to the individual what is true and real in one's life (Speziale, et. al., 2011). Giorgi (2005) state that phenomenology practiced within a human science perspective result in valuable knowledge about individuals' experiences hence the discovery of important issues experienced by older women.

Laverty (2008) indicates two main types of phenomenological methods namely descriptive and hermeneutic which were developed by Husserl and Heidegger respectively. Heideggerian hermeneutic phenomenology was chosen for the study. A brief description is presented to indicate why Heideggerian hermeneutic phenomenology was chosen over the other. Laverty (2008) indicates that Edmund Husserl (1859-1938), a German mathematician is acknowledged as the founding father of phenomenology who had sought to explore the conscious lived experience of phenomena particularly ways in which phenomena are perceived in everyday life. Laverty (2008) further states that Husserl believed that a full understanding of phenomena can be gained through 'bracketing' which implies keeping a distance from one's own subjectivity. He adds that Husserl assumed that through bracketing, it becomes possible to analyse the object which can be; an experience, story, or participant as it appears to the researcher. Nevertheless, he indicates that this became a major criticism of Husserl's thought as bracketing raised the notion 'mind-body and subject-object dualism' thereby favouring the understanding over experience. Bracketing assumed that the researcher should separate knowledge from experience, an assumption that was challenged by Martin Heidegger who was Husserl's student (Pascal, 2010).

Heidegger (1962) claimed that a person, as a 'Being in- the-World,' could not be separated from the world. He believed that meaning is co developed through our shared

humanness and life experiences. Pascal (2010) observes that Heidegger believed it was not possible to bracket experiences, but rather, through reflection, we could become aware of our assumptions. This concept was understood as Heidegger's ontological difference, and formed the basis of his hermeneutic turn (Heidegger, 1962). Thus, Husserl and Heidegger had differing positions regarding phenomenology, the former being rooted in descriptive phenomenological philosophical tenets while the later is rooted in interpretive philosophical point of view. Hermeneutic phenomenology is consequently the term used to refer to the art of interpretation in which the focus is toward illuminating details and seemingly trivial aspects within experience that may be taken for granted in one's life(Laverty, 2008). This helped to achieve a goal of creating meaning and a sense of understanding lived experiences of older women in the study.

Several scholars such as Hans George Gadamar, Poul Ricour, and Max van Manen extended Heidegger's work of hermeneutic phenomenology (Laverty, 2008). However, Heideggerian Hermeneutic Phenomenology was particularly chosen because the researcher has been inspired by Heidegger's philosophical views of holistic approach that emphasize on a human being as a 'being in the world' and a social interactive and interpretive being whose body and mind are not separated but interact basing on individual lived experiences hence accommodating both the participant's and the researcher's shared understanding of the phenomenon. Heidegger (1962) used the word 'Dasein' to refer to the human being and express the uniqueness of human beings as opposed to non-living existence in relation to how human beings use their intelligence to make sense of the world as well as how they become aware of this world within a social context. It is clarified further that one exists in a world where there is reciprocal interdependence between self, others, and objects which slowly

come into our awareness as the need arises. Heidegger (1962) therefore believed that to be a person is to be rooted in the world as world beings that are not separated from their experience as a basic principle of the hermeneutic phenomenological method. In general, people try to reach this understanding by interpreting their lives as they occur by treating them as narratives that are unfolding (Laverty, 2008). Mackey (2005) indicates that hermeneutic phenomenological approaches allow and encourage the complexity and depth of human experience to be expressed and interpreted.

Heidegger's philosophical tenets of "Dasein" hence provided guidance in considering the older women and the researchers as unique intellectual and interpretative beings existing in a social context as opposed to an animal or object. This enhanced the process of accessing their lived psychosocial experiences, obtaining a rich description of the phenomenon and gained understanding of the meanings and perceptions of the older women's world. Additionally, this formed the basis of Heideggerian hermeneutic approach to phenomenology because evidence has revealed the design to be ideal in revealing many truths and realities (Pascal, 2010; Smythe, Ironside, Sims, Swenson, & Spence, 2008).

Heidegger's philosophical tenet on temporality was utilised by exploring temporal experiences of older women as regards their "Being" in the past, present and expectations for the future. Just as temporality relates to the developmental unfolding of life and the reality of death, ageing is a developmental stage that might be sensitive to older people 'Beings' undergoing the experience as it relates to the hermeneutic concepts of Angst, grief and loss (Heiddeger, 1962).

In this study, phenomenological approach applied both as a research method and as a philosophy has exposed true meanings that were ignored issues of psychosocial ageing phenomena from older women's lived experiences. The illuminated meanings of Malawian older women's experiences have revealed the multiple dimensions of ageing experiences of the psychosocial nature.

Setting

The study was undertaken in Traditional Authority Kachindamoto in Dedza. This helped to avoid manipulation of the participants as they were free to express themselves within their home setting (Polit & Beck, 2010). This is also based on Heideggerian phenomenological view of a person as having a world which comes from culture, history and languages with a being in which things have value (Laverty 2008). This implies that a person can be understood by a study of a context of their lives within their environment. The setting was purposefully chosen because previous experience of the researcher working in Dedza with Community Based Organizations and Non Governmental Organizations had shown no specific services by the organizations targeting older people in the study area. Heidegger (1927) argued that understanding comes from our participation in the contexts that make the world meaningful. A fresh understanding depends on the ability to relate new phenomena to an already existing set of understandings, or pre-understandings. Researchers previous work experience in the area therefore provided for pre-understanding of the gap to be explored.

Sampling and Sample Size

A purposive sample of sixteen older women was obtained. A small sample is appropriate for a qualitative study because the concern of qualitative researchers is not generalizability of findings but rather to obtain an in-depth holistic understanding of phenomenon of interest (Polit & Beck, 2010).In this regard, qualitative researcher's flexibility in sampling provides room for researchers' creativity to obtain rich information hence a formal sampling plan is not developed in advance (Whitehead, 2004). However, it was initially planned that the study would recruit a sample of twenty older women and that the sample size would either increase from twenty or decrease from twenty depending upon data saturation. Sixteen participants who were purposefully sampled provided in-depth information through interviews. Five to twenty five participants is a range of sample sizes in phenomenological studies (Manson, 2010). Sixteen participants were therefore falling within the range of five to twenty five participants. Manson (2010) indicates that use of in-depth data collection techniques just as do the use of more than one method determine minimum sample numbers that cannot reach the maximum number of twenty five. Additionally, it is observed that a fewer sample size ranging from six to fifteen is considered enough in a homogeneous purposeful sample using phenomenological analysis depending on the topic as this helps to compare themes across participants and gain an in-depth holistic understanding of phenomenon of interest (Polit & Beck, 2010; Smith, 2007).

Inclusion Criteria

Sampling was criterion based by including women who were sixty years old and above as per context age bracket definition of older people. Apt (2007) indicates that there are more older widows than there are older widowers hence the inclusion of older women

was purposefully done for their availability to the researcher. This provided confidence that older women would be available in the study area. It is further revealed that the extent of elder abuse on older women is rampant (Cohen & Menken, 2006). This explains one aspect why the study on older peoples' experiences focused on women in order to identify gaps in the psychosocial concerns of this vulnerable group.

Ability to communicate clearly was another inclusion criterion since language is a prerequisite in hermeneutic phenomenology. Importantly, the interest in this qualitative research was to understand older people in relation to their psychosocial lived experiences embedded in their minds making effective communication of significance. Additionally, willingness to participate voluntarily was considered as the inclusion criteria.

Exclusion Criteria

The following set of standards determined a category of individuals who were excluded from the study: all females less than sixty years, women of sixty years and above but incapable of hearing and speaking as well as women of sixty years and above but not willing to give their personal information. All males were excluded purposefully in order to balance the demands of study time factor as there is evidence that there are fewer older men and more older women (Apt, 2007; Nalungwe, 2009). The researcher was therefore assured to find the older female participants than could possibly find male study participants.

Data Collection Procedures

Data were collected using a semi structured interview guide that was developed and used as a tool for data collection (Appendix C). In-depth face to face interviews with older women of sixty years old and above were conducted to allow the researcher's and

participants' engagement in a conversational dialogue whereby initial questions kept on being modified in the light of the participants' responses for the investigator to be able to probe interesting and important areas that were arising (Smith & Osborn, 2007).

The interview guide was pretested for one day in the same Traditional Authority but in a different village from where the actual study was conducted. The pretesting involved two purposefully sampled older women whose responses were not included in the study. This was done in order to rectify problems that could be identified with the interview guide. No problems were identified with the instrument hence the actual data collection process was started the following day. The information was audio recorded, uploaded into a computer and transcribed verbatim. Additionally, all transcripts were translated from Chichewa to English by the researcher to retain meanings and get more familiar with the texts.

Data Analysis

Interpretive Phenomenological Analysis (IPA) was done guided by (Smith, Osborn and Smith 2003) procedural steps (Appendix G). They describe IPA as a dynamic process with an active role for the researcher who tries to get close to the participant's personal world as well as being intellectually connected to hermeneutics. Furthermore, a two-stage interpretation process also termed as a double hermeneutic was involved as the participants made sense of their world while the researcher made sense of the participants as recommended in IPA (Smith, 2011). IPA was particularly chosen due to its relevance in incorporating the hermeneutic aspect of the phenomenological approach and exploring in detail how participants were making sense of their personal and social world in relation to their ageing lived experiences.

Employing IPA procedural steps guided by Smith, Osborn and Smith (2003), transcripts were read several times while making notes about the sense made by the participant and the researcher on the margins. Relevant text of each transcript was ascribed code names capturing the meaning of that text part by highlighting the text and indicating its code name. Code names were clustered across transcripts by use of a table that was developed in order to identify themes. Names for themes were created and adjusted until they reflected the researcher's interpretation. Themes were grouped to identify those that broadly reflected the shared experiences for the group of participants as well as the divergent themes. Such broader themes were classified further as super-ordinate themes.

Wojnar and Swanson (2007) indicate that it is important to bear in mind that phenomenological analysis is a cognitive process whereby each researcher has a different thinking style that may be clear to some individual readers while the same may not be clear to some hence despite employing the indicated IPA steps, other approaches consistent with phenomenological studies were recognized as helpful in understanding and simplifying the process. For instance, Colaizzi's seven stage process, Lichtman six stage process and Diekelmann, Allen and Tanner seven steps of data analysis (Appendices; H,I and J respectively). All the data analysis procedural steps were observed to have commonalities to the employed Smith, Osborn and Smith (2003) IPA steps such as reading and re-reading of each transcript, use of codes, categories and concepts that are also referred to as themes.

Whitehead (2004) mentions the hermeneutic circle as one key tool that has philosophical principles applicable for interpretation of data. The IPA procedural steps were therefore followed with reference to the hermeneutic circle. I entered the hermeneutic circle in which I was engaged in a process of moving from the part to the whole in the process of

reading and reading thereby allowing emerging data to remain open to divergent interpretations while recognizing the temporality of truth as per Heiddeger's (1962) philosophical tenet of temporality hence the interpretation was contextually applied because what might sound as the truth for someone may not be the same for the other. I was engaged in a systematic search for alternative themes, divergent patterns and rival explanations of the data that helped to look for information that supported alternative explanations. Claims have been supported by evidence from reliable literature sources. Attention was given to findings both supporting and opposing patterns and trends of information while I continued to allow individual accounts to be heard. Sufficient contextual evidence has been provided in original form to support the findings. Coherence and transparency was demonstrated by the second supervisor who had checked some transcripts and had made his own judgement from codes and themes emerging from those transcripts to ensure that themes were grounded in the data. This process highlighted a good level of agreement where minor disagreements were discussed and rectified to agree upon a common understanding.

Heidegger's belief of 'Dasein' as 'Beings-in-the-world' interacting and interpreting their experiences within a social context was basically the perspective employed in interpreting the data. This was in relation to Smith, Osborn and Smith (2003)data analysis procedural steps in which IPA has been described as a dynamic process with an active role of the researcher becoming close to the participant's personal world as well as being intellectually connected in interpretation of data. The approach allowed for exploration of detailed information of how participants were making sense of their personal and social world in relation to their ageing lived experiences. Evidence based literature related to the themes grounded in participants' data also added value to the interpretation process.

Trustworthiness of Data/Rigor

Trustworthiness, a term used interchangeably with rigor implies evaluation of excellence in qualitative research (Polit & Beck, 2010). This has been ensured for through application of the measures relevant to qualitative research in particular Heideggerian Hermeneutic philosophical views that have already been illustrated. Whitehead (2004) indicates that in seeking to maintain rigor, researchers must distil the philosophical principles of the methodology and set these out in a way that is accessible and open to scrutiny, otherwise the research might suffer from 'method slurring.' He defines method slurring as use of methods that derive from more than one methodology hence the study focused on Heideggerian hermeneutic phenomenological approach. Polit and Beck (2010) indicate four criteria for enhancing rigor namely: credibility, dependability, confirmability and transferability. These were achieved as described in the next paragraphs.

Credibility

Credibility refers to the confidence in the truth of the findings and their interpretation as judged by the participants and others within the discipline (Shenton, 2004).This was enhanced through the process of member checking in which the researcher's understanding of issues was being verified by the participant concerned in order to gain a common understanding of the phenomenon under study. Munhall (2007) defines member checking as the provision of direct access of interpreted information to the informants before publication. Additionally, prolonged engagement with the data through reading and re-reading of the transcripts over and over by the researcher facilitated the process of gaining a clear understanding of the phenomenon. Literature has also provided evidence

based information on the recommended procedures for the methodology that has been followed to come up with the findings. Additionally, credibility was ensured for through the attention that was paid to a range of direct quotes presented in original form to support findings. This allowed for individual accounts to be heard.

Dependability

Whitehead (2004) describes dependability as the practice that ensures that research findings are consistent and could be repeated. This is measured by the standard in which the research is conducted, analysed and presented hence, the audit trail was maintained to capture this aspect. Detailed steps on data collection and management, analysis as well as how the emergent themes have been identified from the primary data have been maintained in audio taped form and initial tables indicating translated version of transcripts from Chichewa to English. Initial tables were developed basing on raw data indicating how codes and themes per participant were identified. Participants words that lead to the development of themes were highlighted in green leading to the development of themes grounded in the data per participant. A second table was developed to isolate themes per participant from the transcripts categorized according to their codes. A third table was developed in Excel to indicate themes categorized across participants for emergent themes. Finally, a fourth table was developed to present an overview of main themes identified across participants. A sample table that has summarized the findings is presented in the next chapter of findings (Table 1). Additionally, claims have been supported by evidence from reliable literature sources to ensure for dependability of the findings.

Transferability

Transferability is another important aspect that implies how the results will be applied to other individuals who have not been involved in the study (Speziale et. al., 2011). This was ensured for by provision of background data to establish context of study and description of phenomenon in question to allow comparisons to be made (Fain, 2009). Additionally, transferability of the findings have been ensured for through maintenance of the audit trail, use of reliable evidence based literature as well as sharing of experiences and values with the participants in interpretation process in order to achieve concurrent interpretation towards reaching the horizon within the hermeneutic circle (Whitehead, 2004). Additionally, use of a homogeneous sample was employed to strengthen transferability of study findings (Burns & groove, 2009).

Confirmability

Polit and Beck (2010) define confirmability as the data's accurate reflection of the experiences of the participants without being the result of the researcher's prior assumptions. Confirmability therefore entails the way in which findings and conclusions can be evaluated as having achieved their aim without researcher biasness. This has been ensured for through the use of the audit trail that can guide the readers to trace the data to their data source. The audit trail is therefore to show the reader the way the constructs, themes and their interpretations have been arrived at (Carcary, 2009; Whitehead, 2004).Recording the interviews helped to distinguish the participant's data from those of the researchers hence clarification was being sought from the participants to have a clear interpretation of their experiences. Important decisions made were also being documented in a reflexive journal that also incorporated ideas discussed with one of the supervisors and one colleague familiar

with IPA after conducting interviews. The reflexive journal was necessary to allow for readers' judgement on the credibility of both the researcher and the research in relation to intellectual rigor, professional integrity and methodological competence (Whitehead, 2004).

Ethical Consideration

Human beings have rights which need to be respected. These include the right to privacy, confidentiality and informed consent. Since the study involved human beings, informed consent was obtained from the participants whereby consent forms were being signed (Appendix C). They were informed on their freedom to withdraw from the study if they would have wished to do so. Additionally, they were informed to provide information from their own free without being forced to do so. Their right to privacy and confidentiality was also being communicated. Efforts were therefore being made to obtain the information in an environment that offered their right to privacy. Code numbers were used instead of names for anonymity as well as maintaining confidentiality. Additionally, the proposal was submitted to COMREC for approval. Permission to conduct the study in Dedza district was sought from the District Commissioner of Dedza (Appendix D) and a letter of approval was obtained (Appendix E).Permission for entry into the villages was obtained from the responsible Village Headmen upon building rapport and presenting the permission letter from the District Commissioner. Additionally, audio taped information and transcripts in original form have been kept in a lockable drawer for confidentiality to be made open for scrutiny to relevant personnel involved in the research process. These will eventually be destroyed.

CHAPTER FOUR

PRESENTATION OF FINDINGS

This chapter presents the findings of the study that explored the lived experiences of older women of Traditional Authority Kachindamoto in Dedza District. Significant demographic characteristics relevant to the study revealed that of the sixteen older women interviewed, some of them were widowed and others were either married or divorced. Some had attained primary education without being limited to others who had never attained formal education. Neither of the sixteen had attained secondary school education nor tertiary education, hence all of them revealed to be peasant farmers without being involved in any paid occupation. The participants' ethnic groups included: chewa, ngoni and lomwe who migrated to the area (Appendix K).

Two super-ordinate themes were identified from the analysis of data namely: multiple psychosocial challenges and positive living with ageing (Table 1). Smith, Osborn and Smith (2003) describe a super-ordinate theme as a broader theme which is formulated from a grouping of themes. In this context, super-ordinate themes were identified basing on ideas from participants grouped into relevant psychosocial concerns. The chapter therefore exposes 'multiple psychosocial challenges of older women with four emerging themes and positive living with ageing with three emerging themes (Table 1). The four themes of multiple psychosocial challenges were: 'Elder abuse,''HIV and AIDS: a big challenge, 'loss' and 'Uncertainty: waiting for support' while the three themes of positive living with ageing were: 'Ageing..good because it is time', 'Appreciate God' and 'Find peace in farming and caring roles.' Elder abuse has been disclosed to feature high on the challenging concerns of

older women with sub themes that have been presented as stigma, discrimination and witchcraft accusations (Table 2). Findings have been presented and enriched with participants' narratives.

Table 1: Overview of themes across participants

Super-ordinate Themes	Themes			
Multiple psychosocial challenges	Elder Abuse <u>Sub-themes</u> -Stigma and discrimination -Witchcraft accusations	HIV and AIDS: a big challenge	Loss	Uncertainty in waiting for support
Positive living with ageing	Ageing..good because it is time	Appreciate God	Find peace in farming and caring roles	

Table 2: Sub themes of Elder Abuse enriched with examples from participant's narratives

Super-ordinate Theme	Theme	Sub themes	Examples of participant's narratives
Multiple psychosocial challenges	Elder Abuse	Stigma and discrimination	P# 15 '..elder abuse is persistent in this village of Kafulama!!'
			P# 1 'We are discriminated in every part of social support. It becomes a disappointing thing.. I live a hopeless life…'
			P# 2 "May be if it could have been my home of origin, I could find peace work..."
			P# 4 'Yi-i-ih!! Fertilizer is indeed a very big challenge….. Those coupons for us they... they are not provided!! No.'
			P# 6 "..they have withdrawn their documents and stopped supporting us..."
		Witchcraft accusations	P# 5 '…other people say you are a witch and that your children are dead because you have eaten them yourself…make us develop a lot of worries and anxiety.'
			P# 15 'They say especially when you are an older person like me that you are a witch..'

Description of psychosocial experiences

Multiple Psychosocial Challenges

Multiple psychosocial challenges implied a grouping of themes pertaining to all experiences that revealed issues of concern expressed to have impacted negatively on the feelings of older women. The multiple psychosocial challenges revealed four emerging themes namely: 'elder abuse, ''HIV and AIDS: a big challenge,' 'Loss' as a result of death, divorce and body weakness and finally, 'Uncertainty in waiting for support.' The four

emerging themes were understood to present a description of experiences as well as perception of older women as lived by them.

Elder abuse

Participant # 15 clearly disclosed experience of elder abuse by saying; "...elder abuse is persistent in this village of Kafulama!!!" Elder abuse is defined as a single or repeated act, or lack of appropriate action, which causes harm or distress to an older person occurring within any relationship expected to be of mutual trust (WHO, 2013a). It is also defined as a violation of old peoples' human and civil rights by another person or persons in form of either omissions or commissions of physical, psychological, sexual, financial and discriminatory acts(Cooper, Selwood & Livingston, 2008). Additionally, elder abuse is classified into psychological, societal such as witchcraft accusation, structural by institutions, financial, sexual and finally neglect with examples of abandonment, isolation and social exclusion (Ajomale, 2007). In this context, participants' experiences of elder abuse were mainly perceived by older women as different forms of oppression classified into sub-themes of stigma and discrimination as well as witchcraft accusations.

Elder abuse: Stigma and discrimination

Elder abuse revealed through experiences of stigma and discrimination was common across all participants. Stigma and discrimination is defined as a mark of shame, disgrace or disapproval that results in an individual being shunned or rejected by others (Ajomale, 2007). Stigma and discrimination through social exclusion was made known, for instance, participant 1 who had this to say:

> Being in the age group of older people, there is nothing really provided to us in terms of social support, not at all. We are discriminated in every part of social support. It becomes a disappointing thing.....

Similarly, participant # 4 expressed that availability of food was a priority issue towards fulfilment of an older woman's psychosocial welfare because without food, worries and anxiety become persistent and yet older women were not targeted as a vulnerable group for safety nets provided within the community. She had this to say on small scale food cultivation and fertilizer subsidy:

> Yi-i-ih!! Fertilizer is indeed a very big challenge. As you see they say coupons were available. Those coupons for us they... they are not provided!! No.

Responding as to why she thought subsidized fertilizer was not provided to her, participant # 4 expressed a concern on favouritism and injustice with the following words:

> Aaa!! There is too much favouritism in this country madam!! Mhm. This is because they say subsidised fertilizer is for older people, those looking after orphans- Mmm - as well as widows. Instead, the coupons go to those who are already well to do, leaving out the older person like me. Mmm.

Participant # 2 also expressed sentiments of being discriminated in terms of favouritism of members of the society who could not recruit her in peace work. This was also characteristic of structural abuse as it was facilitated by weaker institutional systems of targeting vulnerable population for safety nets. These were her words: "May be if it could have been my home of origin, I could find peace work but here I doubt."On a comparable note, participant 8 said these words:

> No, there is no government that has ever assisted me. All the maize people received, they have never provided to me. There is no single support of the government to me. No!

Likewise, participant # 12 said: “To say the truth, there is nothing that the government has done, even though we also keep orphans but I have never been assisted.”Stigma and discrimination was also indicated by favouritism and was emphasized by participant 4 who stated that her child could not find a job from the area because of not being originally from the area. She said:

> Here we just settled but we came from Dedza West. The kind of abuse I have seen here is when it comes to coupons, we are not provided because they say we are not from this area. Similarly when it comes to job opportunities, I have children, one is in form 4 and the other one completed form 4. Mmm. However when it comes to interviews, they only provide jobs to those who are originally from this village leaving out my children simply because this is not our home village we just came here to settle. So I take that as an abuse.

Likewise, participant # 15 expressed a very big concern of several experiences of being neglected and left out for safety nets because of being originally from Blantyre. She had this to say:

> In this village goats are being distributed but not to us. A lot of gifted people including village headmen have received but not us the vulnerable. Worse still with us, we are not originally from this village hence they ignore us. Still more, we beg for support.

Participant # 6 had complained about being registered as a vulnerable beneficiary for relief items and yet when the relief items were being distributed, she had her registration card withdrawn from her and she revealed her experience by saying: “Other organizations have been assisting us with maize, but as we are saying, they have withdrawn their documents and stopped supporting us after being misinformed by other people.”

Furthermore, participant # 4 refused to comment much on community and government support towards older people and she had this to speak: “I cannot say much because there is nothing I have seen that they have done concerning older people.” Elements of suffering in silence were thus revealed as all older women interviewed were reluctant to describe experiences that had to do with village headmen and government support towards their welfare.

Structural abuse in terms of societal stigma and discrimination was also indicated by persistence of unresolved conflicts by village headmen who demonstrated unfair judgement of issues to do with older peoples’ welfare. This was described by some older people to be common among widows as they lacked support of their late husbands. In relation to this, participant # 15 described her concern:

> ...without a husband abuse is rampant. We are all women here, they are not afraid of anybody so they do what pleases them.

Village headmen were disclosed to have offered unfair judgement to such widows. For example, participant # 16 had this to say:

> ..I have been going three times to the village headman on the issue of my friend whose child came here..... The issue was raised and the headman told us to reunite but

> my friend refused. We again raised the issue with the same village headman but still to no avail in resolving the conflict.

Issues of stigma were also manifested through weak institutional structures within home settings leading as was disclosed by some older women who were being insulted and have their valuables stolen by their own grandchildren. Participant # 16 gave the following account:

> I myself have one very difficult grandchild. Right now he has gone away after insulting me for no apparent reason telling me to move out of this home....I have really experienced a lot of abuses in this old age. Children continuously talk against me and say all sorts of insulting words towards me but I do not worry about them because they are my own children.

Similarly, participant # 4 described the painful experience of staying with difficult grandchildren and had this to say:

> ..I do a small business of brewing beer, whenever I sell beer they expect to be given the money to fulfil their needs. If I try to keep the money in my house, they search for it whenever I am away. ....The challenge in these days, the grandchildren are not willing to assist with household chores.

Elder abuse perpetrated by family and community members including the community leaders was found to contribute towards poor psychosocial welfare as older women with such experiences indicated issues of psychological discomfort, hopelessness, low self esteem and depression as they felt sidelined within the social network. For instance, sentiments from participant 1 were as follows: “It becomes a disappointing experience. ....so I live a hopeless

life without considering myself as an important being, I just live a lifestyle that suits my powerlessness, and what else can I do?" Participant # 13 also emphasized her worry as she pointed out that: "I experience more worries because today's youths have no respect."

Stigma and discrimination in terms of neglect by omission of provision of necessary support towards the older person was also exposed to be perpetrated by the family members. For instance, lack of support was noted by participant # 16 who emphasized her concern:

> ..for this era, the aspect that I perceive is a pathetic situation because giving birth is an extremely painful thing. In taking care of them, I struggled a lot...but for them to help, nothing! I have a son and a daughter. These two people do not even take any little care of me, not at all! Only one daughter you see around takes care of me. They just left all the responsibility on her. I feel pity for her because for her family..., her husband died..and she does not reject me, no!

Elder abuse: Witchcraft accusations

It was made known that elder abuse in form of witchcraft and other false accusations by community members at large as well as own grand children prevailed in some households. Participant # 16 indicated her concern on this with the following words:"They say especially when you are an older person like me that you are a witch and many more unrealistic accusations."Witchcraft accusation was also revealed by participant 5 who had this to say: "When you are aged, they call you all sorts of names such as the one who has grey hair is the one causing misfortunes leading to deaths of children within the society, yah!" Participant 3 said: "when you when you have grown older they say the one with grey hair is the witch killing other peoples' children. Similarly, participant # 15 had this to say:

> E-e-e, as for the social interactions within the village, you know, when you are an older person other people say you are a witch and that your children are dead because you have eaten them yourself through witchcraft. So such accusations make us to develop a lot of worries and anxiety.

However, it was observed that some issues that were supposed to be forms of elder abuse were not regarded as abuse such as abusive words of husbands as described by participant # 11 who gave this account:

> ...in those days we had a kind of life in which we were listening to each other. Yes, even when a man said abusive words, we were just listening and persevered. We called it perseverance.

Ignoring issues of abuse was also observed from participant 16 in her sentiment that she did not worry about children who continuously said all sorts of insulting words towards her as they were her own children. Similarly, some older women indicated to have stayed calm in issues of elder abuse such as participant 8 who indicated this:"I just stay calm in this home of mine." Additionally, participant # 12 shed light on the issue of insults by children when an older person would give advice reflecting that gone are the days when one could play an advisory role to other children within the community. She said: "I only do advise my children." She emphasized that it is better to keep quiet when other children in the neighbourhood display disobedient behaviour and the type of dressing that do not comply with the expected Malawian cultural values such as dressing that exposes sensitive parts.

HIV and AIDS: a big challenge

A theme of 'HIV and AIDS: a big challenge emerged as a cross cutting theme under multiple psychosocial challenges as all the participants expressed either to be infected or affected as a result of illness or death of significant others due to AIDS. HIV and AIDS was described as a big challenge as it was revealed to have contributed to most older women being involved in their own care as well as care of the orphans and own children both well and chronically ill adding an extra burden of multiple psychosocial challenges experienced. Moreover, some participants voluntarily admitted to be HIV positive. For instance, participant 1 revealed being an older person on Ante Retroviral Therapy (ARVs) as she had this to say:"Just as I am right now, I am on HIV treatment."Similarly participant 3 voluntarily indicated to be on ARVs. Participant # 4 emphasized the consequences of HIV and AIDS within her household with the following sentiment:

> On this issue I have experienced a big challenge! -because the orphans I am talking about, their mother died of this same disease. Right now I also have one, my last born who is the only remaining child- yes! She was also infected by her husband.

Worse still, the participant emphasized that her sick child was divorced and stigmatized of HIV and AIDS by her own husband and she said:

> Yes, then she was staying with her husband but was pushed out of their house by the same husband when she started showing signs of illness, thus another burden that I have. I tell you! The children were two with the disease. One is already dead, one is alive but with the disease.

In addition to caring for divorced children infected with HIV, some older women disclosed to have an extra burden of being the household heads as a result of either death of husband or being divorced in old age such as participant # 15 who expressed the following:

> We divorced in old age the reason being the promiscuous behaviour of my husband and he did not want to be questioned about it. There wasn't any kind of abuse but promiscuity.

Additionally, feelings of bitterness in observing the overpowering behaviour of the new generation were expressed by the majority of older women who considered the consequences of such difficulty behaviours to have negative effects on health and contributing to HIV challenges such as participant 8 who had this to say:

> Today's children do not listen to older people. They say "*mudatibala kudatha"* meaning that "once you brought us into this world your responsibility was final so leave us alone!"

Despite their expressed worry on the behaviour of children, most of them revealed to have lost interest in advising the new generation indicating that children's behaviour was very difficult to manage. Nevertheless, others persevered in advising the young generation. On a positive note, some older women described their experiences of voluntary work in HIV counselling to fellow community members. These acted as role models who have had HIV testing hence provided advice from experience such as participant one who said:"I encourage people to go for HIV testing and counselling in order to know their sero status because you know you either have the virus or not until a blood test is conducted."However, societal as well as self stigma and discrimination were revealed through attitudes of not wanting to be

associated with HIV and AIDS in some older women. This was evident in older women who exempted themselves from being associated with any issue that had to do with HIV and AIDS. For instance, participant # 12 indicated that any advice related to HIV is the clinician's responsibility and she indicated this sentiment: "You know, sometimes we also receive some clinicians and they give us some advice." This was also revealed through the aspect of not wanting to know HIV sero status by the same participant 12 who further said: "People go for VCT but I have not yet gone."

Loss

Loss emerged as a theme from the data under multiple psychosocial challenges revealing that as ageing progressed, older women experienced various forms of loss leading to different psychosocial consequences. Basically, experiences of loss were due to death of husband or divorce as indicated by demographic characteristics (Appendix K). Death of significant others also mattered to the older women. The study exposed changes in psychological and social life that happen after death of a husband and significant others as presented by some of the participants. Other forms of loss revealed included failure of body function as a result of ageing, loss of family ties and loss of cultural values as indicated by participants' narratives.

Participant # 1 described her experience of loss by saying: "Additionally, widowhood is tough considering the way you were before and the present way, it is different."This sentiment revealed an element of loss of respect and status quo.

She also expressed the impact of deaths of her children as follows:

> ....no longer well nourished... facing a lot of hardships. I just stay with this one child... worries are persistent within my heart. Negative thoughts of the deaths of my children...thoughts of poverty strike my heart so much.

Similarly, participant # 8 emphasized her experience in relation to loss of significant others by saying:

> The problems are obvious. ...Because by being an older person, you are an isolated person and you feel completely hopeless, thinking of several issues, thinking of all those who passed away considering that had it been they were alive, they could have assisted in one way or the other.

Loss of family ties due to children staying away from the older people in search of jobs was also another form loss as described by participant # 8:

> ... I do not stay with my grandchildren... I do not require money but just if the child can pay me a visit and go.

The study exposed loss of physical capacity as well as loss of social networks due to body weakness that contribute to failure to walk and access some social services. Participant 3 described her experience of living in a weak and sick body with swollen legs and she said this:

> Like now there are many diseases attacking me such as legs swelling and my husband has now been operated twice. The problems I face are just too many but we are still surviving with the help of medication from the hospital.

Furthermore, findings revealed loss of cultural values as older women pointed out concerns on things that have changed over time in favour of this new generation with emphasis on lack of respect towards the older people, improper dressing, and other new ways of doing things such as food processing using modern technology. Participant # 13 had expressed a concern over her experiences on how difficult it is to control today's youth:

> ...now everything seems to be upside down ranging from poor dressing that exposes more body parts. With our mode of dressing, we could not show our hips unlike today in which our nation is like undressed.

Uncertainty in waiting time for support

Uncertainty in waiting for support was the final theme disclosed under multiple psychosocial challenges. Participant # 1 expressed uncertainty based on the unpredictable waiting time to be supported as she had this to say: "Since I am weak, I wait for the time that may be my child can assist me."

She also expressed an issue of uncertainty on her support as she had indicated that she gains respect as an older person because of support from her children and at the same time she emphasized that her children did not support her as she felt meaningful support could be achieved through presence of her children. She expressed concern on failure of the children to pay her a visit as follows:

> Ye-es. Negative thoughts are experienced because the children are not really supporting me. Ye-es, even myself, I do not stay with my grandchildren, not even one. All those you see are just strangers renting the house. So I think of my grandchildren and my children.

Additionally, participant # 8 was observed to be uncertain on waiting upon God's grace for food supply despite indicating a belief in God. She described her life as having a lot of problems in which she emphasized that she is physically satisfied with food supply by God's grace and yet she finally indicated that she had no food with the following description of her situation:

> A-a. No other problems make me worry as God is paying me. Am I not growing crops? Am I not eating and getting my stomach full?..Because a human being has worries if he does not have what? ...that food. So this year is when I have problems because I do not have anything.

Participant # 4 doubted the process of support of vulnerable groups that is not conducted in a transparent manner as she waits for community assistance with the following sentiment:

> Since the relief items are provided through people, what can we do? Mmm. We just accept the situation and leave a miserable life like the one we are living now.

It was exposed that some older women were uncertain if village headmen had any role to promote the welfare of older women, for example, participant 2 who expressed the following sentiment:

> A-a-ah, I have no idea of what my expectations are from them. I do not know if there is any traditional leader concerned with older peoples' welfare.

Perception of psychosocial experiences

Some older women perceived and understood their multiple psychosocial challenging experiences as life with a lot of tortures basing on their narratives. This was pointed out to

have contributed to their miserable, hopeless, powerless and disappointed life. For instance, participant 1said:"..this ageing life is still torturing...." Participant # 1 also emphasized on how the tortures experienced had impacted her life with the following sentiment:

> So I live a hopeless life without considering myself as an important being. I just stay in a type of way that suits my powerlessness, and what else can I do? Additionally, widowhood is tough considering the way you were before and the present way, it is different.

Other participants perceived being an older woman as an experience of being frail with several disease conditions and poor nutrition that revealed the added burden of responsibilities to be a great challenge as ageing progressed. In line with this concern is the experience of participant # 6 who had this to say: "Mmm, I understand being an older person as having a lot that happens in one's own body, mmm, such as having a weak body that is prone to several disease conditions because of that body weakness." She also stressed that an older person has a health outward appearance yet internally the body is not in good health. This type of life was also indicated and perceived as contributing to psychological stress. For instance, participant # 15 explained her understanding of her ageing experience as follows:

> I see that my life of being old right now is lived with a lot of difficulties as compared to the past. E-e-e! It is because if I have no strength now, it means struggling to find my food, struggling to work and also contributing to raising my blood pressure. Right now I have high blood pressure because of children, my grandchildren who lost their parents. I have been taking care of these children yet now that they are grown up I am in great torture so much so that I have no peace within me. It is a relief when I visit

> friends for I feel like I have left the problems at home and tend to have peace wherever I go because of chatting with friends. Mhmm, yes. Life was somehow better in the past when the mother of these children was still alive. By then I was also strong, I could do things on my own.

Aspects of elder abuse were understood by some participants to be partly contributed by lack of love among members of communities towards older people that had exposed them to abuses described. Participant # 16 emphasized on this with these words: "I don't know what they think in their hearts but it may be lack of love."

Issues concerning loss were perceived to contribute to poor psychosocial well being of older women as consequences of loss of spouse or significant others were indicated to be isolation, loneliness, hopelessness, loss of social networks, psychological trauma, anxiety and depression. Despite the perceived feeling by some older women on life of torture, others perceived ageing as a developmental stage to be proud of revealing experiences that facilitates positive living with ageing as described in the next section.

Identification of what facilitates positive living among older women

Positive living with Ageing

Positive living with ageing was the super-ordinate theme identified in which three themes namely: 'ageing.., good because its time' 'appreciate God' as well as 'find peace in farming and caring roles' were revealed. Acceptance of being in time of ageing, appreciating God as the provider of life and resources including satisfaction with support was revealed to be a positive perception among some older women. This was also understood from a

perspective of Heidegger's philosophical tenet of 'Being in time' in which like any other entity, 'Dasein' is present-at-hand as real hence ageing acquires the meaning of 'Reality' in which case other older women demonstrated to have accepted their ageing situation and adaptation to new ways of living.

Ageing..good because it is time

Some older women acknowledged ageing as part of a developmental stage that has to be accepted such as participant 4 who had this to say:

> Aaah! Being an aged person, I still perceive it as somehow good because it is time. Everybody starts with being a youth and later you grow old. So I do not see it as a problem but it is a matter of time. The only challenge is this issue of lack of peace! That is all. Mmm, yes!!

Participant # 12 who happened to be supported by her husband demonstrated to be confident in facing old age and expressed a sense of joy in what the world brings as she had said:

> We just look at ourselves and the happiness we find in the world. When we grow our crops we are happy. We don't have any problem because we just do our own farming.

Appreciate God

The study revealed older women to have commented on their appreciation on God's grace towards their psychosocial wellbeing. For instance, participant 1 had this to say:"However, because it is the way we stay, God is giving us life, it is why I... that is all, I just stay."

Similarly, participant # 3 expressed appreciation and satisfaction of God's provisions upon her life in relation to crop cultivation and she said:"Yes, I just praise God for providing what was not expected, appreciating that it has happened by His grace."

Find peace in farming and caring roles

Self development in crop cultivation when supported with fertilizer was revealed to be a source of joy in older women despite their limited capacity to effectively work in the garden. Participant # 4 stressed on the importance of crop cultivation to her by saying: "The main activity that helps us to earn a living and somehow bring peace in our lives is farming because when I cultivate, especially when I have access to fertiliser and apply to the crops, I am assured of bumper harvest enough to support the home for the most important thing for a human being is food."

On the other hand, some few older women indicated small scale business while others added animal husbandry to strengthen feelings of happiness and worthiness. Participant 7 expressed that business is a good way of overcoming negative experiences. Additionally, participant 1 indicated the following:

> I wish I could be running a certain small-scale business. When you run any small business ...that in an individual's life...a lot happens to you. Human life no matter how aged you become...Hmmm. But human life requires more...such tasks help to pass the time in so doing helping me to forget the psychosocial challenges that I face.

Community involvement in development work, advisory role and conflict resolution was found to reinforce psychological comfort of older women. Belonging to a committee of peers and sharing of concerns by visiting each other revealed to be a means of coping with stresses

of ageing for some older women while one older woman indicated storytelling to grand children as a means of avoiding negative thoughts while providing a way of teaching the youth good manners. To other older women, it was found that tolerance by accepting that human beings are unique and prone to have differences added value to living positively with difficult individuals of the society. For example, despite being falsely accused of witchcraft, participant # 16 belonged to a committee of environmental conservation and had this to say:"I am involved in forestry project of environmental conservation, bee keeping, making local energy saving stoves and mushroom growing."

Similarly, participant # 15 indicated to be in the same group that dealt with environmental conservation. This was revealed to strengthen psychological comfort as well as boosting self esteem and self confidence unlike the participant who had given sentiments that emphasized her low self esteem. Self-esteem is a psycho sociological construct that assesses an individual's attitudes and perceptions of self-worth in terms of an understanding of one's quality as a being as ether being valuable or worthless (McMullin & Cairney, 2004).

Despite other older women refraining from their reliable advisory role in society, some older women indicated to have persevered in playing such roles as counselling and disseminating messages of hope on HIV and AIDS to community members as well as role modelling in abstinence such as participant # 16 who said: "On HIV issue, I abstain in a way that ever since I was divorced, I have never been involved in any sexual relationship." On advisory role, participant # 3 had this to say:

> I advise the youth to be careful with their lives by refraining from indulging into activities that can contribute to contracting this dangerous disease. I advise them that they should learn to be patient most importantly, abstain.

In conclusion of this chapter, the study findings shed light on experiences of older women that have mostly been painful descriptions of events classified within the super-ordinate theme of multiple psychosocial challenges suffered mostly in silence. Older women who presented positive experiences were observed to be married while some who were either widowed or divorced presented negative experiences. Finally, 'Positive living with ageing was the other super-ordinate theme recognized in which three themes related to acceptance of ageing as a matter of time, appreciating God's gifts and finding peace through participation in community and family activities emerged. Themes within positive living with ageing have unveiled issues of coping mechanisms with getting old.

CHAPTER FIVE

DISCUSSION OF FINDINGS

Exposing multiple psychosocial challenges of older women and positive living with ageing

This chapter presents a discussion of the study findings that have exposed multiple psychosocial challenges of older women and positive living with ageing basing on the study objectives that were to: describe psychosocial experiences as lived by older women within Traditional Authority Kachindamoto in Dedza, to explain how the older women perceive the ageing experience and to identify what facilitates positive living among the older women. The discussion has comprehended the study findings basing on empirical literature and from the perspective of Heidegger's philosophical tenetsof temporality, throwness and fallingness. Arguments have focused on the four themes revealed within the super-ordinate theme of multiple psychosocial challenges namely: elder abuse, HIV and AIDS: a big challenge, loss and uncertainty in waiting for support. The discussion has also dwelt on the super-ordinate theme of positive living with ageing and its themes namely: 'Ageing..good because it is time, appreciate God and finally find peace in farming and caring roles. Study strengths, limitations and recommendations have also been presented. Finally, areas for further studies have been indicated and a conclusion has been drawn.

Multiple psychosocial challenges and its perception

Multiple psychosocial challenges have been understood basing on Heidegger's philosophical tenets. Heidegger (1962) refers to a human being as 'Dasein.' Temporality illustrates 'Dasein' as developmental, historical and impermanent being (Pascal, 2010). Heidegger believes temporality is comprised of three characteristics namely 'throwness' meaning the past, 'projection' meaning the future and 'fallingness' also called 'discourse' meaning the present in which issues are disclosed through conversation (Heidegger, 1962). Sense making by Dasein is therefore believed to be achieved through a combination of the past through history, the present through conversations that disclose hidden issues and the future through projection (Wheeler, 2014). In this present study, multiple psychosocial experiences of older women have been understood within the hermeneutic circle based on their past and present experiences as intelligent beings in projecting what their encounters mean to them from the past as well as present experiences for their future psychosocial well being through the conversations conducted.

Elder abuse: Stigma and discrimination

Several subjective accounts have disclosed elder abuse in form of stigma and discrimination to be of concern across all participants. HelpAge International (2008) observes that older people continue to experience discrimination, violence, abuse, and inability to access entitlements that are theirs by right. It is further affirmed that older people experience economic exclusion and are often denied access to social support system schemes. The present study findings are also in concurrence with a WHO report that reveals that elder abuse is happening worldwide (WHO, 2011). Several papers disclose manifestations of elder abuse in Malawi, Africa and Europe (Chilimampunga &Thindwa,

2011; Pastory, 2013; van Bavel, et al., 2010; Wahab & Imeogu, 2013). It is indicated that older persons are abused daily worldwide and the situation being most prevalent in developing nations (Ajomale, 2007). The abuse and violence against older persons is a key challenge faced by many African countries (Mba, 2007).

Participants revealed failure of village headmen to demonstrate transparency, social inclusion and a spirit of love in accommodating their needs whereby safety nets were being diverted to capable energetic and productive individuals. Just as traditional leaders in the current study were disclosed to be unwilling to solve issues of elder abuse, evidence based literature also reveal professional prosecutors and judges to be unprepared or unwilling to deal with elder abuse cases (Hawes & Kimbell, 2009).

Poor leadership was found to contribute towards poor psychosocial welfare as older women with such experiences indicated issues of psychological discomfort, anxiety and depression as they felt sidelined within the social network. A previous study on ways of healthy ageing provided insight that healthy aging is influenced by tradition, cultural beliefs and family practices that make older people feel wanted and appreciated (Danyuthasilpe, Amnatsatsue, Tanasugarn, Kerdmongkol, & Steckler, 2009). Village headmen are supposed to take care of all age groups without favour as they have been entrusted as custodians of culture and a channel for developmental tasks to all. Malawi is a signatory to all major human rights agreements such as: The Convention on the Elimination of all forms of Discrimination against Women, The African Charter on Human and Peoples Rights and The Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. These internationally agreed human rights agreements have been captured in Chapter IV of the Malawi Constitution such as the right to Dignity and Personal Freedom in section 19, the

right not to be discriminated against in section 20, part 1 and the right to not be subjected to torture of any kind or to cruel, inhuman or degrading treatment in section 20, sub section 3 (Malawi Government, 2006). This is contrary to the study findings as some participants revealed being degraded. Older people are one such group that have to enjoy human rights of the land as enjoyed by all. It is therefore important to create awareness and build capacity to village leaders on this issue. Moreover, one of the goals of the principle of national policy of the promotion of the welfare and development of people within the Constitution of Malawi in Chapter III, Section 13, sub section j stipulates that older people need to be respected and supported through the provision of community services and to encourage participation in the life of the community (Malawi Government, 2006). Sidelining older people in all issues of development is therefore a concern that needs to be critically resolved through effective leadership at all levels. Village headmen and every member of the society need to remember that all are undergoing the ageing process so long as one is alive, hence ensuring for memorable experiences and improved quality of life for older people means preparing for better life for oneself. This therefore calls for all people in society to join hands in ensuring for the psychosocial wellbeing of older people.

This study further disclosed encounters of multiple psychosocial challenges to be suffered in silence among older women as they could not express their real emotions to their available family members and the society at large. This was disclosed by their sentiments that they remained calm despite feeling the pain of abuse. Findings further revealed some issues that were supposed to be regarded as painful abusive experiences such as promiscuous behaviour of husbands being disregarded as abuse. The study has therefore disclosed that sensitive issues to do with sexual reproductive health such as promiscuity of husbands are

not considered as abuse of the marriage partner as this was indicated to be tolerated in the name of perseverance. This is true for most cultures as revealed that partner violence among women is tolerated due to their second class status in society that is magnified further as a result of ageing, generational cohort, historical and cultural reasons as leaving the partner may not be an option for older women for fear of failure to find support in their children's homes who have different life styles and shelters filled with children that cannot be adapted to some older women's special needs (Perel-Levin, 2008).

Several studies and reports reveal elder abuse to be the least reported by older people themselves as well as their care givers globally, regionally as well as locally (Chilimampunga & Thindwa, 2011; HelpAge International, 2008; O'Brien et. al., 2011; Pastory, 2013; van Bavel et al., 2010; Wahab & Imeogu, 2013; World Health Organization, 2011). Keeping calm and expressing false signs of happiness when one is actually feeling the pain of abuse and other life challenges is believed to be detrimental to psychosocial well being. This type of behaviour is what Hochschild (2003) expose to be surface acting as opposed to deep acting when one actually feels the need to be happy and expresses true feelings in what is deep down the heart. Ashforth and Humphrey (1993) also emphasize surface acting to be harmful to psychosocial wellbeing. The current study has therefore shed more light on elder abuse to have a negative psychosocial impact as some older women argued that ageing is a life of torture leading to stress and psychological trauma.

The situation of abuse was observed to be worse for older women who were either widows or divorced and had migrated to the area and settled following their husbands in patriarchal marriage structure. Sentiments from other participants that they felt they were being discriminated against because of being not originally from the area are in line with

findings of the study that found elder abuse and neglect to be widespread in Canada among older immigrant women within the patriarchal marriage structure where the abusers included own children, husbands and the general public (Guruge, et al., 2010). The experience of older women in the present study implied negative feelings of being considered as immigrants after they had contributed to several developmental aspects of the area. This made the older women to feel greatly insulted without expressing their concern to relevant community leaders and pretending to be experiencing a happy living. Findings are in concurrence with a review on elder abuse that revealed that older people have a tendency of hiding issues of abuse because the abusers are mostly the ones who escort the older persons whenever they need various kinds of social services (Lachs & Pillemer, 2004). In the present study, being silent in issues of abuse was observed to be an emotional labour that can be detrimental to psychosocial well being. There is evidence that such pretence result in psychological trauma as disclosed by one of the most renowned American sociologists Arlie Russell Hochschild (2003) who first introduced emotional labour. In her research, she defined emotional labour as the induction or suppression of feelings to sustain an outward appearance that produces in others a sense of being cared for through either surface acting or deep acting (Hochschild, 2003). Surface acting revealed to be the harmful one, implies changing the outward emotional expression without attempting to feel the emotions being displayed while deep acting implies attempting to actually feel the emotions being displayed. It is therefore being argued that the emotional work played trough surface acting was detrimental to psychosocial health of the older women as they had expressed feelings of disappointment to the researcher on the nature of various abuses encountered despite not expressing or showing this to the abusers. Findings further revealed some issues that were supposed to be regarded as painful

experiences and yet they were disregarded as abuse. This is in line with what several studies have revealed that issues of sexual abuse are the least reported by older people as well as their care providers due to limited screening tools (O'Brien, et. al., 2011; Perel-Levin, 2008; World Health Organization, 2011). The current study therefore confirmed that sensitive issues to do with sexual reproductive health such as promiscuity of husbands was not considered as abuse of the marriage partner as this was indicated to be tolerated in the name of perseverance. Perseverance in marriage is traditionally given as a piece of advice to a newly married couple in most Malawian cultures. This is true for most cultures as revealed that partner violence among women is tolerated due to their second class status in society that is magnified further as a result of ageing, generational cohort, historical and cultural reasons as leaving the partner may not be an option for older women for fear of failure to find support in their children's homes who have different life styles and shelters filled with children that cannot be adapted to some older women's special needs (Perel-Levin, 2008).

Heidegger's philosophical tenet of temporality characterized by authenticity informed the researcher on an understanding of the abused older women to be authentic beings while the abusers have been regarded as inauthentic. Authenticity is believed to be a state of the human being who conforms to socio-cultural expectations in some degree in order to make one's life meaningful and comprehensible while the opposite is true for in authenticity that makes us prey to absorption with the superficiality of the world such as lack of respect, gossip and other negative behaviours (Heidegger, 1962). It can be argued that culturally, old people need to be treated with respect and provided with the necessary support in recognition of a lot of work that they have provided in reproductive as well as productive roles played for existence of mankind hence lack of such spirit is inauthentic. On the other hand, capability of

older women to disregard various abusive encounters demonstrated their being authentic although that can leave them with psychological trauma.

Findings were indicative of a major concern that despite having interventions targeting the poor including older people and orphans, the government and its stakeholders lack effective mechanisms to ensure that the targeted beneficiaries are reached and supported. The implication is that there is need for proper coordination and establishment of mechanisms by the government and all relevant stakeholders that will ensure that support for older people really targets and reaches them. Ensuring that older people are well targeted and supported also implies including them in identifying their needs, planning, implementing as well as monitoring and evaluating their services. This can contribute towards active involvement of older people in their own care. Additionally, this can be helpful in improving psychosocial well being of older people because the literature reveals level of happiness being higher and level of psychological distress being lower for older adults who reported more positive social support, social participation and feelings of social connection (Luo & Waite, 2011).

Elder abuse: Witchcraft accusations

Elder abuse in form of witchcraft accusations were revealed to be perpetrated by the general public within the community. Studies in Malawi reveal witchcraft accusations to be common especially towards older women (Chimampunga & Thindwa, 2011; Dicks, 2013; Freeman & Anglewicz, 2012; Mgbako & Glenn, 2011). In the present study, older women emphasized a concern that their own children contributed to the prevalence of this type of abuse by expressing that orphans whom they cared for had turned out to be a problem instead of a blessing upon growing up. The situation of one older woman falsely accused by the

community members was even worse as she had to bear a lot of accusations such as the killing of the neighbour's guinea fowls, witchcraft along with being considered a migrant and outcast as a result of her late father's history of leprosy. Despite all the insults and accusations, some concerned older women expressed the spirit of tolerance towards their accusers as they considered them as their own children. This is in concurrence with findings that revealed feelings of anger to be low as an individual grows older leading to improved psychosocial wellbeing (Shallcross, Ford, Floerke, & Mauss, 2013).

HIV and AIDS: a big challenge

Participants' accounts that revealed HIV and AIDS theme to be one of the multiple psychosocial challenges further disclosed that despite the challenges encountered in the era of HIV and AIDS, older women still remained reliable members of the society playing the caring roles for their own lives as well as those of several significant others such as their chronically sick adult children and orphans. Findings are in support of several evidence based literature that indicate the significant role that older women play in caring encounters for a lot of vulnerable groups in society despite their need to also be cared for. For instance, accounts of participants in a study on care of HIV positive orphans by older people in Swaziland disclosed that the HIV positive orphans were initially very sick, requiring a great deal of attention, thus placing a heavy burden on the older caregivers and interrupting their normal life (Makadzange & Dolamo, 2011).Additionally, HelpAge International (2011) conducted a baseline survey amongst selected regions of eleven Sub-Saharan African countries that revealed that older carers provide on average 55 per cent of the care to children orphaned by AIDS and 44 per cent of the care to family members who are chronically ill or living with AIDS.

HelpAge International (2011) stated further that older people have taken on the triple roles of carer, homemaker and income earner in many households with 80 per cent of older carers being female and 20 per cent male. One poetic writer, Stephen Lewis as cited in HelpAge International (2011 p.5) wrote on his encounter with grandmothers of Africa as follows:

> But there then emerged—suddenly, almost miraculously, magnificently—one solid wall of protection, a wall so strong that it withstood all the misfortune heaped on the orphans of Africa. It was the wall of grandmothers. You couldn't penetrate it. You couldn't destroy it. It stands today as the protective embrace for the orphan children of the continent.

It can therefore be argued that older women are authentic beings who naturally provide care to the suffering significant others in society at the expense of forgetting their own personal challenges of ageing. Heidegger (1962) emphasizes caring as one of the basic states of the human being hence the managed heart of older women to continue the caring spirit despite their difficult situations.

Heidegger (1962) asserts 'temporality' as the supreme condition for care that comprises of sense making and intelligibility as the human being's own distinctive mode of existence. Heidegger's assertion that through history, Dasein hands down to itself its own historical heritage implies the handing down of caring roles by examples demonstrated by older people. Caring is a natural phenomenon deeply rooted in history ever since the world was created (Noddings, 2002). Biblically, Noah played the caring role for the salvation of his family through disaster preparedness for the floods that affected the whole world (The United

Bible Societies, 1994). The caring role existed as a natural activity even before the era of Florence Nightingale who introduced professional nursing care (Stanhope & Lancaster, 2012). Similarly, historically, women such as Traditional Birth Attendants who are mostly older women have played the caring roles in maternal and child health issues. Likewise, although not paid labour, older women are trusted with a lot of caring roles in their families and the community as the institution in which they stay. No wonder, older women revealed to have continuously provided the response towards the impact posed by the big challenges of HIV and AIDS despite the hardships they experience in caring for their own lives.

In this current study, it is however being contended that older women provide the care roles within the emotional system that involves emotional work, feeling rules and social exchange that comes into play in a personal control system (Hochschild, 2003). Emotional labour has traditionally been identified with women's work and the caring role of the mother in the family (Hochschild, 2003). Hochschild (2003) discloses that if emotional labour is consistent with a significant and valued social or personal identity, it will lead to enhanced psychological well-being while if it is inconsistent with such a valued social or personal identity, it will lead to dissonance or loss of one's sense of authentic self. It would also apply that if the feelings of older women in their caring roles were consistent with their social and personal identity, their psychosocial well-being would be enhanced while if the caring role were inconsistent with elderly women's social identity, that will lead to conflicting ideas or loss of one's sense of authentic self contributing to poor psychosocial well being.

This present study provides evidence that older women were practicing the care roles with obstacles as the social environment was revealed to be full of elder abuse such as those having difficult grandchildren who expressed their experience as disappointing and causing

blood pressure of which the majority were widowed or divorced. This was understood to contribute to feelings of bitterness of being a mother who observes the overpowering behaviour of the new generation and HIV consequences leading to psychological trauma and depression among such older women. In agreement with what some older women expressed on HIV and AIDS concerns in the present study, Mall (2005) reveals that in Africa and Asia, a wide range of problems experienced by older carers include exhaustion, financial hardship, grief and emotional upheaval, lack of knowledge and resources for dealing with adult children with HIV, conflicts with grandchildren, social stigma and discrimination and exclusion from information and support services. It is further indicated that the strain of caring for people living with AIDS in the final stages of the illness can also be harrowing and tiring, and takes its toll on older people's own health. It was also found that many older people in HIV affected households suffer poor physical and mental health through increased care giving workloads as well as suffering from feelings of blame, shame and guilt about their children's situation (Mall, 2005). This therefore calls for a point of emphasis on the need to strengthen social networks that will provide room for conducive and healthy social interaction between young people and older people. Lack of supportive environment can therefore contribute to such emotional work in the care provision leading to poor psychosocial well being and burn out in old people's role of care provision. Recognizing the advisory role of the older women would be of mutual benefit in achieving positive behavioural change of the youth in HIV and ADS prevention as well as renewing the lost glory of older people as they would boost their morale for self esteem through active community involvement, hence bidirectional benefit.

In line with the findings that some older women cared for orphans, the literature reveals the majority of AIDS orphans to be cared for by their extended family members in many cases their grandparents who are also faced with vulnerability to infection and yet largely invisible in international data on HIV/AIDS (Mall 2005). Moreover, Emlet (2006) found that older people experience a very big challenge in HIV services provision as perception from the general public is older people are awfully old to have HIV. Despite this perceived attitude, it is further revealed that the advent of highly active antiretroviral therapies have extended survival into old age. Additionally, some older adults become newly infected with HIV as the numbers of long-term survivors continue to increase (Emlet, 2006). There is evidence that older people are still sexually active in their seventies (Hillman, 2008). It is therefore important to have social networks that incorporate sexual health needs of older people other than just emphasizing on the youth and reproductive age group.

The multiple psychosocial challenges due to HIV and AIDS impact such as being widowed or divorced, chronically ill, care taker of: self, orphaned grandchildren and of own chronically ill children were revealed to contribute to major life changes of the older women. Several studies reveal that older women are left with the responsibility of caring for the chronically ill children of productive age group who eventually die making these older women to become care takers of orphans (HelpAge International, 2008; Mall, 2005; Skovdal et al. 2011).

Furthermore, as emphasized by some older women that being an older person implies incapability to perform active work due to frequent illnesses and general body weakness, the added responsibilities of being a carer for ill children and care taker of orphans in a weak body exposes the older women to psychological distress, loneliness and isolation as she

thinks of the deceased loved ones and the support they used to provide. This becomes a bidirectional process as the situation worsens the already weak body in line with findings from other researchers who reveal general body weakness to be common among socially isolated and economically disadvantaged older women (Mezuk, et al., 2012). Moreover, other researchers reveal determinants of social exclusion of older people to include household poverty, weakening of support systems for older women and declining social power (Apt, 2007; Kazeze, 2008; Wahab & Imeogu, 2013).Similar to this is evidence that showed a decline in family support for old people in Ghana that was found to be caused by a complex interplay between resources constrains and reduced capacity of the middle generation suggesting a contribution to the problem by political economy in the growing hardship and stagnation of the country's economy (Aboderin, 2004). This may call for further studies in Malawi to explore the economical situation of the country in relation to the family decline in supporting older people faced with managing HIV and AIDS multiple challenges.

Loss

The present study has revealed that several experiences of loss due to death, divorce or loss of body function make older women prone to various abusive social injustices. This also concurs with several studies that found that widowed or divorced older women were exposed as sufferers of: degradation, extreme deprivation and hunger than their male counterparts despite producing more than eighty percent of food in Africa (Apt, 2007; Ferreira & Kalula, 2009; O'Brien, Begley, Anand, Killick, & Taylor, 2011). These findings are also in agreement with studies that unveiled loss of loved ones as the most negative psychological experience in the lives of older women with loss of a life partner being the

most devastating event (Nalungwe, et al., 2009; Wu & Zhang, 2011). For instance, participant 15 presented a pathetic narrative of being considered a migrant after losing an intimate relationship through divorce as she had settled within the area of origin of the husband with whom she was divorced. The emphasis in her account that people lacked respect towards her because her household comprised of females only and because of not being originally from the area indicates gender disparities and societal discrimination experienced by older women. Worse still, her family history of her late father who had leprosy exacerbated loss of social ties from most community members who considered her as an outcast hence stigmatized and discriminated her. All these contributed towards an understanding of the psychosocial consequences of loss that included anxiety and persistent worries, depression, isolation and loneliness. This supports Heidegger's belief of inauthentic self who is anxious within her thrown world (Heidegger, 1962). It was thus revealed that for an older person, loss of significant others bring about a lot of thoughts of the deceased loved ones. This could be linked to the same issue of elder abuse in which encounters of loss of husband have revealed to expose older women to abusive situations. The present study therefore provides evidence that older women who still have their spouses are respected in society than those without. For instance, Araki & Ito (2013) revealed psychological stressors and negative life experiences within the social environment to be associated with incidence of stroke while positive attitude towards ageing were associated with a reduced incidence of stroke. This is therefore indicative for the need of families and communities including the government to emphasize on provision of an enabling environment that would facilitate psychosocial well being of older women such as effective targeting and supply of safety nets to this marginalised group.

However, in this present study, despite the multiple challenges revealed, some of the older people pointed out to be sidelined in distribution of safety nets and other developmental initiatives. Older women are indicated to be among the poorest in African society because of their weakness and lack of any public support like specialized health care programs (Kazeze, 2008). All human beings have psychosocial needs that must be met for their lives to be rich and fulfilling more especially with advancing age due to experiences of multiple losses that further contribute to a major problem of depression among older people (Stanhope & Lancaster, 2012). This implies that healthy psychosocial ageing require building mechanisms for coping just as Heidegger's belief that 'Angst' implying anxiety can allow us to redefine who we are in the world, what relationships and tasks we will sustain, where we devote our time and energy leading to adaptation (Pascal, 2010). This can contribute towards maintenance of independence, social interaction and companionship leading to psychosocial well being.

Loosing body function was revealed to be another major life change that requires proper coping mechanisms without which older people become psychologically affected leading to further bodily incapability as described by participant 3 who perceived growing older as loss of good health in which her legs did not function properly emphasizing that the problems she faced were just too many.

Most accounts emphasized failure to effectively perform in their gardens due to general body weakness as a major challenge towards achievement of psychosocial well being. Poor health due to general body weakness among older people was being described and emphasized by some of the participants as being closely linked to the psychological effect of worries over how they could yield enough food from their gardens towards

sustainable livelihoods as older women expressed to have been reliant on peasant farming as their means of earning a living while others relied on support from children and well wishers as they failed to produce enough food to sustain them before the next planting season. The study findings correspond with the revealed literature on the consequences of losing body function among older people most of which resulted in challenged sense of autonomy among them leading to stressful life experience as they depended on care givers in most of their day to day activities (Breitholtz et al., 2013; Doyle, 2010).

Additionally, Ogwumike & Aboderin (2005) revealed older individuals' diminished ability to sustain themselves though savings, assets or pensions,, diminished capacity to generating sufficient income through work and older people's lesser likelihood to benefit from intra-familial resource allocation as major determinants of risks of poverty among older people. Hence loss of active body function is being translated to diminished capacity to be productive causing psychological disturbances. The implication is that individualized care in terms of primary prevention through health education such as on importance of exercises to avoid stroke and good nutrition to delay common problems of ageing such as loss of sight and hearing. Screening programmes for early detection and prompt treatment would therefore be necessary. Additionally, consideration of social welfare office to collaborate with Ministry of Agriculture on relevant agricultural methods that can enable older people to have better yields using appropriate technology is necessary as older people expressed having enough food as a prerequisite for improved psychosocial well being.

Findings revealed loss of cultural values as most of the narratives indicated their observation of a lot of changes that have occurred in favour of the new generation. The accounts presented revealed disrespect, insults and false accusations by own children,

idleness and stealing behaviour of children within the household as something that could have not happened in the past. Moreover, village headmen who were supposed to be custodians of culture were disclosed to be in support of such inappropriate behaviours. The accounts are being supported with Heidegger's philosophical tenet of temporality in which older women demonstrated their intelligibility in linking the past to project the future where young people including some adults are displaying Dasein's character of in authenticity through different changed behaviours such as mode of dressing that exposes some body parts not worthy of exposing in Malawian culture. Behaviours of that nature were disclosed to have made older people lose hope in the advisory role as they disclosed to have avoided giving advice to the youth within the society they lived due to the negative attitude towards difficult behaviour of those youth contributing towards older persons' poor psychosocial welfare. This is in line with the argument that feelings of negativity of life experiences contribute psychological pressure leading to the incidence of stroke (Araki and Ito 2013). It is therefore being argued that village headmen need to be proactive in upholding cultural values promoting respect for older people that can in turn motivate older people to be positive in teaching cultural values of their society by using the past to correct mistakes of the present and project a better future in line with Heidegger's philosophical views of temporality 'thrownness,' 'projection' and 'fallingness' previously described.

Uncertainty in waiting time

Issues of uncertainty on the undetermined waiting period to get support from children and other well wishers contributed to a state of despair among older women. Others were concerned on when their children could just visit them as they valued their presence more than the material support they could provide. This enlightened the idea that meaningful

support that is cherished as being cared for could be achieved through timely support and presence of the one providing support as Heidegger (1962) believed care to be the basic state of Dasein. Additionally, it was not surprising to see older women as 'Beings-Present-at-Hand' living within a social context of interaction with others expressing their need to be cared for in a holistic manner that would include the psychosocial component of strengthened family ties in a timely manner. Older people just like any other age group have their own basic needs that comprise of physiologic and safety needs, needs for love and belonging, self esteem as well as self actualization according to Abraham Maslow's hierarchy of needs (Stanhope & Lancaster, 2012).

Positive living with ageing and its perception

This study revealed positive adaptation to ageing in some older women who had emphasized ageing to be part of life. In resemblance to this is the study that found the big story of successful ageing to be 'Life is what you make it' describing that despite encountering what some might perceive as setbacks or negative experiences such as episodes of illness, these experiences were viewed as part of living and not as a barrier that halt living (Phoenix & Sparkes, 2009).Older women in the present study had emphasized that ageing is good because it is time and that everybody starts with being young and later on grows into old age. Additionally, these had accepted ageing as part of life and a matter of being in time despite being anxious with the situation considering the weak ageing body. This is revealed to be in line with Heidegger's philosophical tenet of temporality in which Dasein is believed to be a ''Being-in-the-World' 'Being-present-at-hand' and 'Being-towards-the-end.' Heidegger (1962) philosophical tenet of throwness asserts that Dasein is a thrown project into the world and cannot recreate self but can work towards determining a better destiny. This implies that

despite the incapability of older women to stop ageing since they are a thrown project, still more they can work on strategies that can promote their positive living for adaptation of this developmental stage.

Acceptance of ageing is consistent with findings of the study in which an older person believed life to be what one can make it to be despite encountering some setbacks (Phoenix & Sparkes, 2009). Additionally, there is evidence that although ageing is associated with some deterioration and hardship, ironically people tend to feel better as they grow older due to acceptance of ageing, lower levels of anger and anxiety. However, other researchers may argue that acceptance of ageing and its hardships may be due to emotional labour as disclosed in the proposition of Ashforth and Humphrey (1993) who suggested that enhancement of psychological well being depends upon emotional work that is genuinely displayed as a result of being in line with one's values and norms. It can be clearly observed that older women in the present study had expressed concerns on the difficult behaviour of the new generation suggesting their acceptance of ageing to be in line with emotional work. Additionally, this harmonizes what Erik Erikson psychosocial theory stage of ego integrity versus despair consider in terms of integrity being linked to accepting one's life as meaningful and denial of ageing as a state of despair leading to feelings of anger, bitterness, depression, inadequacy, failure and fear of death. Sentiments of acknowledging the gift of being in time of ageing, appreciating God as the Provider of life and resources including satisfaction with any little support provided illuminated positive perception of ageing and successful bridging of the stage of integrity. This boosted the morale for more positive mechanisms among such older women that helped in adapting to different life changes. For instance, self development in crop cultivation when supported with fertilizer was revealed to

be a source of joy among the older women despite their limited capacity to effectively work in the garden.

Active involvement of older women was indicated to have a positive impact as a means of coping with stress and for active ageing. Boggatz (2013) confirms this finding in which social contacts among older people contributed to well being in old age by enhancing their reliability as group members within flexible group structures that accommodated their needs. The finding is also in line with one of the fundamental principles of the national policy goals within the constitution of Malawi Chapter III, Section 13, Sub section j that provides for support of older people through participation in community services (Malawi Government, 2006). It can therefore be emphasized that social exclusion in general as revealed in most narratives of the current study need to be stopped. There needs to be a call for a multi-sectoral and multi-disciplinary action just as happens with stop child abuse as well as stop violence against women.

Despite other older women refraining from their reliable advisory role in society, some of them indicated to have persevered in playing such roles as counselling and disseminating messages of hope on HIV and AIDS to some community members as well as role modelling in abstinence such as participant 16 who emphasized on abstinence ever since her divorce. This was recognized to contribute towards achievement of self confidence and self esteem leading to a new face of psychosocial involvement for active ageing and psychological well being by boosting self esteem. It is therefore imperative for community leaders, stakeholders involved with social welfare including community health nurses to emphasize on the importance of accommodating older women in relevant social activities.

Since several positive aspects of coping mechanisms with ageing have been presented by older women themselves, it implies that establishing a specific programme and projects for older people in line with their needs would be an effective way of solving most of the multifaceted challenges faced by this age group that has been socially discriminated for ages. This is because it has been revealed in this study that older women who belonged to a community organization did not bother about several false accusations posed against them as they still contributed to community development. Additionally, the trend of population ageing increase requires being visionary of programmes and projects that would address this challenge and planning beforehand both in community and clinical settings.

Shepard (2011) emphasizes that people who experience old age as a progressive decline leading to death may view old age as a depressing, useless period leading to helplessness while those who view aging as a process in life development can see old age as an opportunity to gain new satisfaction and understanding of themselves and others. This provides joy and a sense of purpose. Still more, as older women who indicated to gain respect and self esteem with ageing were observed to be the married ones, this revealed that respect gained by older women could be partly attributed to the marital status, peace and stability within the home. This contributed further to boosting their morale towards positive living with ageing and improved psychosocial well being. In support of this is what Nalungwe (2009) revealed that having a companion such as a spouse promotes psychosocial well being of older women. This is also in line with Araki and Ito (2013) who indicates protective psychological factors against stressors such as optimism and positive attitude towards ageing to be associated with psychosocial well being such as reduced incidence of stroke.

Other older women who were not living with their husbands expressed that respect was gained so long as the older person had her own sustainable means of earning a living other than relying on community support. On this account, some older women emphasized the need to be supported using sustainable approaches such as being provided with capital to start business. This corresponds with findings in literature that revealed social support networks to be strong for older people with their own resources other than those living in poverty (Apt, 2007; Doyle, 2010; Wahab & Imeogu, 2013). As some participants indicated, it implies that some older women have keen interest to be actively involved for sustainable livelihoods in their old age that can also have an added advantage for active ageing, preoccupation of mind with self as well as community development and improved psychosocial well being. In emotional work, this can be translated as compliance to feeling rules defined as what guide emotional work by establishing the sense of entitlement or obligation that govern emotional exchanges (Hochschild, 2003). In this case, older women demonstrated to have a strong will to maintain their status quo of self support in earning a living thereby retaining their sense of autonomy and enhanced psychosocial well being.

However, fear of 'Being-towards-the-end' is indicated to be a character of Dasein in which anxiety termed as angist in Heidegger's philosophical term is manifested through inauthenticity (Heidegger, 1962). With Heidegger's philosophical views, older women's mood of worrying over multiple psychosocial challenges revealed such as issues of death is understood as Dasein's essential character of thrownness hence older women still expressed feelings of fear and anxiety despite acceptance of ageing and other strategies towards positive living. This was revealed through sentiments of low self esteem in some women as described in the chapter of findings. One study found that levels of self-esteem are lower in

older age groups for both men and women with women having lower levels of self-esteem than do men leading to depression and poor psychosocial wellbeing (McMullin & Cairney, 2004). This is contrary to the study findings that disclosed older people to be getting better in terms of psychosocial wellbeing with age (Shallcross, et al., 2013).

In conclusion, the discussion has synthesized and comprehended issues experienced and disclosed by older women employing hermeneutic phenomenology. Multiple psychosocial challenges experienced by older women have been exposed with accounts of elder abuse, HIV and AIDS, different forms of loss and finally uncertain in waiting time to get supported as themes of concern with a perception of living a life of torture. Despite these problems, older women who were still living with their spouses expressed positive experiences. There is evidence that older women who still have their spouses are respected in society than those without. Additionally, the study has identified other coping mechanisms that facilitate positive living among older women without spouses.

Study limitations

The study focused on older women due to a shorter time allocated for the study as it was conducted in partial fulfilment for the award of a masters degree hence needed to match with academic time frame. Additionally, the researcher was confident to find older women than men for convenience as evidence indicates longevity of older women to be higher than that of men. However, older men would have their challenges explored as well for gender balance in investigating issues of psychosocial concerns to represent older people. This rendered generalization to be limited and gives room for a further study.

Data collection was being conducted during the rainy season whereby some older women were spending part of their time in garden work. This implied ensuring that the interview was within a limited length of time that avoided exhaustion of the participant. On the contrary, hermeneutic phenomenology employed in-depth data collection methods hence in-depth data collection was still done with caution.

The study did not meet the required saturation levels, however, thick description of data collected, evidence from the literature and verification of meanings by participants was ensured for to enhance generalizability of findings.

The methodology of Hermeneutic phenomenology chosen require a lot of work in transcribing, translating from Chichewa to English, categorising, coding, clustering data from all the 16 transcripts, reading and re-reading of the transcripts to gain more insight of the themes that emerged from the data as well as the interpretation process. This required enough time that could not correspond with the time factor for the study period but was still managed through hard work.

Ministry of Disability and Elderly Affairs that was established in Malawi by the time of inception of the study was dissolved and incorporated back to Ministry of Gender with new government leadership following the general elections with the policy document for older people still in draft form.

The researcher was involved in a road traffic accident while in the process of proposal development. A lap top utilized for the original research proposal and flash disks were stolen on the scene of the accident. As such, information was recovered from the e-mail in box and

the diary while some information was completely lost. This posed to be a very big challenge in matching with time factor.

Recommendations

Community health nursing practice

The multifaceted and multidimensional nature of challenges experienced by older women calls for a renewed action that has to involve multi disciplinary as well as multi-sectoral collaboration and coordination in assessing the needs of the older women, planning, implementation, monitoring and evaluation of its services through the Ministry of Gender, Children, Disability and Social Welfare hence the need to ensure for inclusion of such in National Policy for Older Persons in Malawi as well as in projects and programs of the community. Exclusion of older women means exclusion of the orphans cared for by these older women hence nurses and other social service providers need to effectively play their role of advocacy and awareness creation through several avenues of capacity building project: development, implementation, monitoring and evaluation of all relevant activities necessary to promote and protect the welfare of older people hence there is a need to develop documents such as training manuals that would specifically address issues of older people.

Community Based Organizations need to assist older people in forming support groups where older people can share ideas on how to live positively and provide a forum for strengthening their social networks.

Community Health Nurses and other community service providers need to collaborate with Ministry of Agriculture to have a programme that could focus on older peoples' friendly strategies of farming as farming was revealed to promote positive living with ageing.

Community initiatives that target older people need to be well organized, registered through the social welfare office and local councils for effective coordination and balancing of priority needs of all older people in specific geographical areas in a way that would accommodate diverse cultural backgrounds.

Communities through their village development committees, local council and social welfare office should come up with an effective mechanism of identifying older people and reaching out to them with support services in a decentralised manner that ensures that the targeted beneficiary is the one actually reached with support.

There is a need for village headmen training sessions on older peoples' psychosocial concerns in order to instil a spirit of understanding and psychosocial care for older people.

Emphasis should be indicated in advocating for active involvement of older people through community social networks that should give room for recognition and implementation of important advisory role of older people to the youth.

Community leaders and support groups need to conduct awareness campaigns that should address the need for older peoples' voices to be heard with respect, dignity and understanding.

Older women should know their rights through capacity building and awareness campaigns in order to be capable of claiming such rights when violated such as their right to be free from being discriminated and they should be encouraged to report any form of abuse including that from intimate relationships.

Older people caring for orphans need to be targeted with programmes and projects that also address the needs of children towards the realization of Millennium Development Goal number two of achieving universal primary education as well as the eighth key priority area of Malawi Growth Development Strategy that addresses child development, youth development and empowerment without which attainment of such goals will remain futile.

Nursing education

Older peoples' issues should be considered as an area of specialty in nursing education considering the diverse nature of problems faced by this marginalized group.

Education curriculum should also include on best methodologies for conducting research studies on the older people in order to increase evidence based knowledge considering the current situation of dearth of data on older people in Malawi.

Primary school curriculum should include issues pertaining to respect for older people as evidence reveals more incidences of disrespect towards older people by different age groups including young people. Emphasis should be given to the important roles older people play in societies. Lessons to young people on respect for older people should be a dynamic process at all levels including the informal institutions out of school where the previous culture of recognizing all older people as your own granny in giving them respect needs to be revamped.

Nursing management

Home Based Care policy and training manual should be revised to strongly incorporate priority psychosocial needs of older people as their psychosocial well being would boost their morale for positive living.

There is a need for Ministry of Health to establish specific programmes and projects for older people just as all other age groups have such as under-five services, youth friendly services, maternal and child health services hence managers in health should consider the need for separate infrastructure that is user friendly by older people within health institutions.

Nursing research

Nurses should focus on research of older peoples' concerns and not only on the new born, young people and women of child bearing age. This will help to bridge the literature dearth gap and build a strong knowledge base of evidence on the nature and dynamics of health across all age groups, social support networks and the changing roles and responsibilities of older people and their psychosocial consequences.

Areas for further research should include: health and well-being, the nature of family support and social networks, the changing roles and responsibilities of older people due to the AIDS crisis, the economical situation of the country in relation to the family decline in supporting older people, social activities for health promotion of older people, the nature of various kinds of formal and informal social protection schemes and not limited to the social support delivery system strategies that should ensure that safety nets reach the intended ageing beneficiaries.

Strengthening research in issues of older people will guide in policy formulation that will be evidence based hence relevant and applicable to Malawi setting.

Conclusion

The study findings revealed major areas of experiences of older women which have mostly been painful events encountered. Two super-ordinate themes were identified namely: multiple psychosocial challenges and positive living with ageing in which four themes and three themes emerged respectively. The emergent themes from the former super-ordinate theme being 'elder abuse with sub themes of stigma and discrimination as well as witchcraft accusations,' 'HIV and AIDS: a big challenge,' 'Loss' and 'Uncertainty: waiting for support' while the emergent themes from the later super-ordinate theme were 'ageing.., good because its time' 'appreciate God' and finally 'find peace in farming and caring roles.' Older women who presented positive experiences were observed to be married and living with their spouses while the majority were either widowed or divorced and presented more negative experiences. Stigma and discrimination as well as witchcraft accusations were evident sub themes of elder abuse. Positive living among older people especially in acceptance of being in time of ageing, appreciating God as the provider of life and involvement in farming and other caring roles revealed to facilitate psychosocial well being as a means of coping with ageing.

REFERENCES

Aboderin, I. (2008). *Advancing health service provision for older persons and age-related non-communicable disease in sub-Saharan Africa: identifying key information and training needs.* AFRAN Policy-Research Dialogue Series, Report 01-2008. Oxford Institute of Ageing.

Aboderin, I. (2004). Decline in material family support for older people in Urban Ghana, Africa: understanding processes and causes of change. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *59*(3), S128–S137. http://doi.org/10.1093/geronb/59.3.S128

Aboderin, I. (2011). Understanding and advancing the health of older populations in sub-Saharan Africa: policy perspectives and evidence needs. *Public Health Reviews*, *32*(2), 357–376.

Ajomale, Y. (2007). Elder Abuse: the Nigerian experience. *Research Committee on Sociology of Ageing (RCII)*. Retrieved from http://0044c40.netsolhost.com/images/YinkaPaper_ElderAbuse_Nigeria_Dec07.pdf

Apt, N. A. (2007). *The extra burden of ageing in a poor economic environment*. Presented at the International Conference on Population Ageing., Brussels: Ashesi University, Accra. Ghana. Retrieved February 10, 2013 from www.platformpopdev.be/pdf/pres7.pdf

Araki, A., & Ito, H. (2013). Psychological risk factors for the development of stroke in the

elderly. *J Neurol Neurophysiol*, *4*, 147.

Ashforth, B. E., & Humphrey, R. H. (1993). Emotional labor in service roles: the influence of identity. *Academy of Management Review*, *18*(1), 88–115.

Austgard, K. I. (2008). What characterizes nursing care? a hermeneutical philosophical inquiry. *Scandinavian Journal of Caring Sciences*, *22*(2), 314–319.

Bezner Kerr, R., Dakishoni, L., Shumba, L., Msachi, R., & Chirwa, M. (2008). "We grandmothers know plenty": breastfeeding, complementary feeding and the multifaceted role of grandmothers in Malawi. *Social Science & Medicine*, *66*(5), 1095–1105.

Boggatz, T. (2013). Leisure activities among older Germans - a qualitative study. *International Journal of Older People Nursing*, *8*(2), 174–185.

Bowling, A., & Dieppe, P. (2005). What is successful ageing and who should define it? *BMJ*, *331*(7531), 1548–1551

Brännström, H., Bäckman, M., & Santamäki Fischer, R. (2013). Walking on the edge: meanings of living in an ageing body and using a walker in everyday life - a phenomenological hermeneutic study. *International Journal of Older People Nursing*, *8*(2), 116–122.

Breitholtz, A., Snellman, I., & Fagerberg, I. (2013). Older people's dependence on

caregivers' help in their own homes and their lived experiences of their opportunity to make independent decisions. *International Journal of Older People Nursing*, *8*(2), 139–148.

Carcary, M. (2009). The research audit trial–enhancing trustworthiness in qualitative inquiry. *Electronic Journal of Business Research Methods*, 7(1).

Centre for Ageing Research and, & Development in Ireland (2011). *Insights into elder abuse*. Dublin.

Chilimampunga, C., & Thindwa, G. (2011). *The extent and nature of witchcraft-based violence against children, women and the elderly in Malawi*. Lilongwe, Malawi.

Cohen, B., & Menken, J. (2006). *Aging in sub-Saharan Africa: recommendations for furthering research*. Washington (DC): National Academies Press (US).

Cohen, L., Manion, L., & Morrison, K. (2011). *Research methods in education*. (7th ed.). London: Routledge.

Conroy, S. A. (2008). A pathway for interpretive phenomenology. *International Journal of Qualitative Methods*, *2*(3), 36–62.

Cooper, C., Selwood, A., & Livingston, G. (2008). The prevalence of elder abuse and neglect: a systematic review. *Age and Ageing*, *37*(2), 151–160.

Danyuthasilpe, C., Amnatsatsue, K., Tanasugarn, C., Kerdmongkol, P., & Steckler, A. B. (2009). Ways of healthy aging: a case study of elderly people in a Northern Thai village. *Health Promotion International*, *24*(4), 394–403.

Dedza District Social Welfare Office (2013). *Statistics of Elderly People in Dedza*. Dedza: Dedza District Social Welfare Office.

Dicks, I. D. (2013). Witchcraft accusations amongst the Muslim Amacinga Yawo of Malawi and modes of dealing with them. *Australasian Review of African Studies*, *34*(1), 103.

Doyle, S. (2010). *"Being-in-the-world-of-care": the lived experiences of old people receiving communityaged care packages in Queensland.* Queensland University of Technology, Queensland.

Emlet, C. A. (2006). "You're awfully old to have this disease": experiences of stigma and ageism in adults 50 years and older living with HIV/AIDS. *The Gerontologist*, *46*(6), 781–790.

Ferreira, M., & Kalula, S. (2009). Ageing, women and health: emerging care giving needs in sub-Saharan African countries. *BOLD*, *19*(4), 1.

Food and Agriculture Organization, & Bingu Silvergrey Foundation for the Elderly (2008). *Population ageing in Malawi: understanding challenges, responding to opportunities. Proceedings of the meeting organized jointly by the Bingu Silvergrey Foundation for the Elderly and the Food and Agriculture Organization of the UN Lilongwe, Malawi,*

28-29 November 2007. Retrieved September 5, 2012 from ftp://ftp.fao.org/docrep/fao/010/ai581e/ai581e01.pdf

Government of Malawi (2006). *Malawi Growth and Development Strategy:from poverty to prosperity2006-2011*. Lilongwe.

Guruge, S., Kanthasamy, P., Jokarasa, J., Wan, T. Y. W., Chinichian, M., Shirpak, K. R., … Sathananthan, S.-S. (2010). *Older women speak about abuse & neglect in the post-migration context*. Retrieved from https://tspace.library.utoronto.ca/handle/1807/25498

Hawes, C., & Kimbell, A.-M. (2009). *Detecting, addressing, and preventing elder abuse in residential care facilities*. School of Rural Public Health, Texas A&M Health Science Center. Retrieved March 19, 2015, from https://www.ncjrs.gov/App/AbstractDB/AbstractDBDetails.aspx?id=251326

Heidegger, M. (1962). *Being and Time. 1927. Trans. John Macquarrie and Edward Robinson*. New York: Harper. Retrieved November 29, 2013, from http://www.greenboarstudio.com/uploads/2010_02_04_Heidegger_Being_and_Time.pdf

HelpAge International (2008). *Older people in Africa: a forgotten generation*. Retrieved February 20, 2013, from www.helpage.org

HelpAge International (2010). *Strengthening older people's rights: towards a UN convention: a resource for promoting dialogue on creating a new UN convention on the rights of older persons*. Retrieved from http://social.un.org/ageing-working-

group/documents/Coalition%20to%20Strengthen%20the%20Rights%20of%20Older%20People.pdf

HelpAge International (2011). Psychosocial care and support for older carers of orphaned and vulnerable children: Programming guidelines. Nairobi; Kenya : HelpAge International

Hillman, J. (2008). Sexual issues and aging within the context of work with older adult patients. *Professional Psychology: Research and Practice*, *39*(3), 290.

Hochschild, A. R. (2003). *The managed heart: Commercialization of human feeling, With a new afterword*. Univ of California Press. Retrieved December 28, 2014 from http://books.google.com/books?hl=en&lr=&id=UiSsLXeERF4C&oi=fnd&pg=PP2&dq=Hochschild,+A.+R.+(1983).+The+managed+heart:+Commercialization+of+human+feeling.+Berkeley:+University+of+California+Press.&ots=NVa4YHdlPI&sig=9VAk4iwJZgXsvjO7QrqzF0tak6w

Joanna Briggs Institute (2009). The psychosocial spiritual experience of elderly individuals recovering from stroke. *Australian Nursing Journal (July 1993)*, *16*(10), 34.

Kazeze, Z. (2008). *Social protection and ageing in Malawi*. Rome: Economic and Social Department, Food and Agricultural Organization.

Lachs, M. S., & Pillemer, K. (2004). Elder abuse. *The Lancet*, *364*(9441), 1263–1272.

Laverty, S. M. (2008). Hermeneutic phenomenology and phenomenology: a comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, *2*(3), 21–35.

Luo, Y., & Waite, L. J. (2011). Mistreatment and psychological well-being among older adults: exploring the role of psychosocial resources and deficits. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *66B*(2), 217–229.

Lutz, W., Sanderson, W., & Scherbov, S. (2008). The coming acceleration of global population ageing. *Nature*, *451*(7179), 716–719.

Makadzange, K., & Dolamo, B. L. (2011). Care of HIV-positive orphans by elderly people in Swaziland. *Continuing Medical Education*, *29*(2). Retrieved March 19, 2015 from http://www.ajol.info/index.php/cme/article/download/71937/60894

Malawi Government (2006). *Constitution of the Republic of Malawi.* Retrieved August 19, 2013 from http://www.sdnp.org.mw/constitut/dtlindx.html

Mall, F. (2005). *The impact of HIV/AIDS on older people*. HelpAge International (online). Available WWW: Http://www. Helpage. org/(Accessed 19 March 2009).

Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research, 11(3*). Retrieved February 14, 2014, from http://www.qualitative-research.net/index.php/fqs/article/view/1428

Mba, C. J. (2007). Elder abuse in parts of Africa and the way forward. *Gerontechnology*, *6*(4). http://10.4017/gt.2007.06.04.006.00

McMullin, J. A., & Cairney, J. (2004). Self-esteem and the intersection of age, class, and gender. *Journal of Aging Studies*, *18*(1), 75–90.

Mgbako, C., & Glenn, K. (2011). Witchcraft accusations and human rights: case studies from Malawi. *George Washington International Law Review, 43*(389). Retrieved from http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2063832

Mezuk, B., Edwards, L., Lohman, M., Choi, M., & Lapane, K. (2012). Depression and frailty in later life: a synthetic review. *International Journal of Geriatric Psychiatry*, *27*(9), 879–892.

Ministry of Disability and Elderly Affairs (2012). *National policy for older persons in Malawi: older persons, new power for development.*Lilongwe

Nalungwe, P., (2009). *Loneliness among elderly widows and it's effect on their mental well being: literature review*. Retrieved June 26, 2014 from http://theseus17-kk.lib.helsinki.fi/handle/10024/4467

National Statistical Office (2009). P*opulation and housing census 2008 main report.* NSO: Zomba

Noddings, N. (2002). *Starting at Home: Caring and Social Policy*. University of California Press.

O'Brien, M., Begley, E., Anand, J. C., Killick, C., & Taylor, B. J. (2011). *A total indifference to our dignity: older people's understandings of elder abuse*. Retrieved from http://eprints.ulster.ac.uk/18852

Ogwumike, F. O., & Aboderin, I. (2005). Exploring the links between old age and poverty in

anglophone West Africa: evidence from Nigeria and Ghana. *Generations Review*, *15*(2), 7–15.

Pascal, J. (2010). Phenomenology as a research method for social work contexts: understanding the lived experience of cancer survival. *Currents: Scholarship in the Human Services*, *9*(2). Retrieved July 30, 2013, from http://currents.synergiesprairies.ca/currents/index.php/currents/article/view/44

Pastory, W. (2013). *Ageism in Tanzania's health sector: areflective inquiry and investigation*. Dar es Salaam University College of Education,, Tanzania.

Phoenix, C., & Sparkes, A. C. (2009). Being fred: big stories, small stories and the accomplishment of a positive ageing identity. *Qualitative Research*, *9*(2), 219–236.

Polit, D. F., & Beck, C. T. (2010). *Essentials of nursing research: appraising evidence for nursing practice*. Philadelphia: Lippincott Williams & Wilkins.

Perel-Levin, S. (2008). Discussing screening for elder abuse at primary health care level. Retrieved June 25, 2014, from http://apps.who.int/iris/handle/10665/43523

Sefasi, A. P. (2011). Impact of HIV and AIDS on the elderly: acase study of Chiradzulu District. *Malawi Medical Journal : The Journal of Medical Association of Malawi*, *22*(4).

Shallcross, A. J., Ford, B. Q., Floerke, V. A., & Mauss, I. B. (2013). Getting better with age: The relationship between age, acceptance, and negative affect. *Journal of Personality and Social Psychology*, *104*(4), 734–749.

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, *22*(2), 63–75.

Shepard, J. A. (2011, November 2). *Theories of aging_spring 2012 abridged*. Health & Medicine. Retrieved November 9, 2013,from http://www.slideshare.net/ProfessorShep/theories-of-agingspring-2012-abridged

Skovdal, M., Campbell, C., Madanhire, C., Nyamukapa, C., & Gregson, S. (2011). Challenges faced by elderly guardians in sustaining the adherence to antiretroviral therapy in HIV-infected children in Zimbabwe. *AIDS Care*, *23*(8), 957–964.

Smith, J. A. (2007). *Qualitative psychology: a practical guide to research methods*. Sage. Retrieved November 27, 2013, from http://books.google.com/books?hl=en&lr=&id=D5xHYpXVDaAC&oi=fnd&pg=PR5&dq=st eps+in+interpretative+phenomenological+analysis&ots=QxUXWwtKYg&sig=iJYKZE5tYjfnn_4zgyJw7GW1UuY

Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, *5*(1), 9–27.

Smith, J. A., Osborn, M., & Smith, J. A. (2003). Interpretative phenomenological analysis. *Qualitative Psychology: A Practical Guide to Research Methods*, 51–80.

Smythe, E. A., Ironside, P. M., Sims, S. L., Swenson, M. M., & Spence, D. G. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International Journal of Nursing Studies*, *45*(9), 1389–1397.

Speziale H. S., Streubert, H. J. S., & Carpenter, D. R. (2011). *Qualitative research in nursing: advancing the humanistic imperative*. Philadelphia: Wolters Kluwer health.

Stanhope, M., & Lancaster, J. (2012). *Public health nursing: population-centred health care in the community* (8th ed.). St Louis: Mosby Elsevier.

The Bible Societies (1994). *Good news bible* (2nd ed.). United Kingdom: Harper Collins Publishers Ltd.

United Nations (2008). *Global Issues at the United Nations.* Retrieved November 7, 2013, from http://www.un.org/en/globalissues/ageing/

United Nations (2012). A*frican Charter on Human and Peoples Rights.* Retrieved November 11, 2013 from www.humanrights.se/.../African-Charter-on-Human-and-Peoples-Rights....

UNFPA (2009, June 3). *Seminar on Family Support Networks and Population Ageing*. Retrieved June 24, 2014, from http://www.unfpa.org/public/News/events/pid/2804

Van Bavel, M., Janssens, K., Schakenraad, W., & Thurlings, N. (2010). *Elder abuse in Europe background and position paper*. United Kingdom: Utrecht University.

Wahab, E. O., & Imeogu, S. O. (2013). Social exclusion and house hold poverty among the older persons in Nigeria. *International Journal of Social Sciences and Humanities Review*, *4*(1), 241–253.

Welford, C., Murphy, K., Rodgers, V., & Frauenlob, T. (2012). Autonomy for older people in residential care: a selective literature review. *International Journal of Older People Nursing*, *7*(1), 65–69.

Wheeler, M. (2014). Martin Heidegger. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Fall 2014). Retrieved March 16, 2015, from http://plato.stanford.edu/archives/fall2014/entries/heidegger/

Whitehead, L. (2004). Enhancing the quality of hermeneutic research: decision trail. *Journal Of Advanced Nursing*, *45*(5), 512–518.

World Health Organization (2011). *WHO Elder maltreatment.* Retrieved July 1, 2013, from http://www.who.int/mediacentre/factsheets/fs357/en/

World Health Organization (2013a). *WHODefinition of an older or elderly person*. WHO. Retrieved November 9, 2013, from http://www.who.int/healthinfo/survey/ageingdefnolder/en/

World Health Organization (2013b). *WHOGlobal health and ageing*. WHO. Retrieved August 2, 2013, from http://www.who.int/ageing/publications/global_health/en/index.html

Wu, Y., & Zhang, C. (2011). *The impact of isolation and loneliness on elderly well-being*.

Retrieved June 26, 2014, from http://www.theseus.fi/handle/10024/33928

APPENDICES

Appendix A(i): Participants Information Sheet

Study Title: Lived Experiences of Older Women of Traditional Authority Kachindamoto in Dedza: a psychosocial perspective

Invitation to Participate

You are being invited to take part in a research study on "Lived Experiences of Older Women in Traditional Authority Kachindamoto area of Dedza: A Psychosocial Perspective."

It is important to understand why the research is being conducted and what will be involved before you decide to participate in the study. Please ask if there is anything that is not clear or if you need more information. Participation is voluntary and you can decide to stop participating in the research at any time if you feel so.

What is the purpose of the study?

To explore the psychosocial lived experiences of older women in order to gain insight of the meanings of the experiences. This will add to knowledge base on the way older women perceive their own experiences and the world in which they live. Findings will be useful in identifying gaps that exist in terms of felt psychosocial needs of older women and the contributions that the older women can make to the society for their active ageing. This will be useful in advocating for strategies, policy making, programme planning and other aspects that can contribute to improved mind set in programming of work towards making ageing a joyful experience.

Participation in the study

Participation in this study is voluntary. You are free to take part or not or to withdraw at any time even without giving reasons. Refusal to take part in the study will not affect anything. If you agree to take part you will be asked to sign a consent form. Information about you will be confidential and no one will identify who answered which questions as no names will be written on the interview guides. Code numbers will be used instead. In addition, no names will be mentioned during the interviews to ensure anonymity and interview responses will be destroyed at the end of the study.

What to expect in the study

You will be asked some questions about your experiences as regards what it feels like to be an older person and your perceptions on how the society support and involve older women. Your responses will be tape recorded and written on paper to avoid missing information.

Possible risks for taking part

There are no known risks associated with this study.

Benefits of taking part in the study

There are no immediate benefits to you. The findings will assist in identifying strategies which will help in designing programmes for older women.

In case of concerns

If you have concerns, please forward your complaints to COMREC Scretariat, P/Bag 360, Chichiri Blantyre 3 or e-mail comrec@medcol.mw or phone +265 1877245 or +265 1 876 498. You may also contact Kamuzu College of Nursing. The contact number is 0111751622

Contacts for further information

In case of further information on the study, please contact researchers on the following numbers and email addresses: Sekundina Matewere on 0993914342; smatewere@yahoo.com; Dr Gladys Msiska on 0888316265; gladysmsiska@kcn.unima.mw and Mr Andrew Simwaka on 0888854683; anksimwaka@kcn.unima.mw

Appendix A (ii): Kalata ya Chidziwitso cha Kafukufuku M'chichewa

Mutu wa Kafukufuku: Moyo Omwe Agogo Aakazi Akhala Nawo mu Ukalamba wawo mdera la Mfumu yaikulu Kachindamoto ku Mtakataka: Potengera malingaliro ndi makhalidwe ndi anthu.

Kuitanidwa kutenga nawo mbali mukafukufuku

Muli kuitanidwa kuti mutenge nawo mbali pakafukufuku wofuna kudziwa zamoyo omwe agogo aakazi akhala nawo mu ukalamba wawo mdera la Mfumu yaikulu Kachindamoto ku Mtakataka: Potengera malingaliro ndi makhalidwe ndi anthu.

Ndikofunikira kuti mumvetsetse chifukwa chimene kafukufukuyu akupangidwa musanatengepo mbali. Mutha kufuunsa ngati pali zomwe simunamvetse. Simuli oumirizidwa kutenga nawo mbali pa kafukufukuyu ndipo muli ndi ufulu wosiya kapena kulowa nawo mu gululi mosakakamizidwa.

Cholinga Cha Kafukufukuyu

Cholinga cha kafukufukuyu ndikufuna kuzindikira m'mene agogo aakazi amadziganizira pa nkhani ya umoyo wawo wa ukalamba makamaka wa m'malingaliro ndi kakhalidwe ndi anthu osiyanasiyana. Zotsatira zake zidzathandiza kupanga ndondomeko ya ntchito zoyenera pa umoyo wa m'malingaliro ndi chikhalidwe cha agogo ndi anthu osiyanasiyana ndi zomwe agogo angakwanitse kuchita pa chitukuko cha dziko pa ukalamba wabwino. Ndikufuna kwanu kusankha kutenga nawo mbali mukafukufukuyu kapena ayi. Muli ndi ufulu ~~kufuna~~ kusiya kutenga nawo mbali mukafukufuku nthawi imene mukufuna popanda kupereka zifukwa. Izi sizingasokoneze chithandizo chimene mungalandire kuno.

Kutenga nawo mbali mu kafukufuku

Kutenga nawo mbali mukafukufukuyu kutengera kufuna kwanu mwa ufulu ndi mopanda kukakamizidwa. Ndinu omasuka kutenga nawo mbali kapena kutuluka mu kafukufukuyu nthawi iliyonse mopanda kupereka zifukwa. Ngati mungavomereze kutengako mbali mukafukufukuyu mudzafunsidwa kuti mutsindikize chizindikiro choti mwavomera. Mayankho anu adzasungidwa mwachinsinsi. Tidzagwiritsa ntchito manambala m'malo mwa maina ndipo mayina anu sadzasindikizidwa pamapepala a mafunso ndi mayankho anu. Mapepala amafunso ndimayankho onse adzawotchedwa pamapeto a kafukufukuyu.

Zomwe mungayembekeze mukatenga nawo mbali

Mukavomereza kutenga nawo mbali mukafukufukuyu mudzafunsidwa mafunso okhudzana ndi zomwe mwakumana nazo pa ukalamba wanu pokhudza malingaliro ndi makhalidwe ndi anthu komanso mabungwe osiyanasiyana.Zomwe mutayankhe zidzalembedwa pa pepala komanso tidzagwiritsa ntchito chojambulira mau kuti zisaiwalike.

Zovuta zodziwika mukatenga nawo mbali

Palibe zovuta zodziwika mukatenga nawo mbali mukafukufukuyu kupatula kuyankha mafunso omwe ena mungawone ngati akufunsa zachinsinsi. Palibe vuto lomwe mungakumane nalo lokhudzana ndi kukana kutenga nawo mbali mu kafukufukuyu.

Phindu lotenga nawo mbali mukafukufuku

Palibe phindu lina lake la padera mukatenga nawo mbali koma zotsatira zakafukufukuyu zidzathandiza kupeza ndondomeko zoyenera pachisamaliro cha agogo. Ngati mwavomereza kutenga nawo mbali mupemphedwa kusainira chikalata choti mwamvetsa ndipo mwavomereza kutenga nawo mbali.

Zoyenera kuchita Ngati mungakhale ndi dandaulo lokhudza kafukufukuyu

Ngati pangakhale dandaulo kapena nkhawa ina ili yonse yokhudzana ndi kafukufukuyu, khalani omasuka ndikubweretsa dandaulo lanu ku:

COMREC Scretariat, P/Bag 360, Chichiri Blantyre 3 kapena e-mail comrec@medcol.mw kapena phone +265 1877245 kapena +265 1 876 498. Muthanso kuimbira ku sukulu ya anamwino ya Kamuzu College pa nambala ya 0111751622

Koonjezera komwe mungafikitse nkhawa zanu

Ngatinso mungafune kuonjezera kofuna kutula nkhawa zanui mutha kulumikizana ndi ochita kafukufuku poimba kapena kulembera kwa: Sekundina Matewere pa 0993914342; smatewere@yahoo.com; Dr Gladys Msiska pa 0888316265; gladysmsiska@kcn.unima.mw komanso Mr Andrew Simwaka pa 0888854683; anksimwaka@kcn.unima.mw

Appendix B (i): Consent Form

Study Title: Lived Experiences of Older Women of Traditional Authority Kachindamoto in Dedza: A Psychosocial Perspective

Please read and sign this form if you are taking part in this study

I have read and (or have had another person read to me) the attached information sheet for this study and have understood the purpose of the study) and the problems involved. I agree to voluntarily participate in the study, be interviewed and respond to the best of my knowledge. I understand that I am free to withdraw at any time without giving reasons and this will not influence the health care given to me. I know that I do not have to suffer any injuries or harm during the research process. The information that I will give to the researchers should not be used against me in future. I understand that my information will be kept confidentially and will only be accessed by the researcher or those people directly concerned with this study. I understand that I will not benefit financially or be given gifts in materials. I know how to contact the researcher, her supervisors and COMREC secretariat. I voluntarily agree to take part.

……	...……	…….
Participant's Name	Signature/Thumb Print	Date
……	..……...	…….
Witness	Signature	Date
……..	.....	.....
Researcher's Name	Signature	Date

Appendix B (ii): chikalata chovomereza kutenga nawo mbali mu kafukufuku

Mutu wa Kafukufuku: Moyo Omwe Agogo Aakazi Akhala Nawo mu Ukalamba wawo mdera la Mfumu yaikulu Kachindamoto ku Mtakataka: Potengera malingaliro ndi makhalidwe ndi anthu.

Werengani ndi kusayina mmusimu ngati mwavomereza kuchita nawo kafukufukuyu.

Ndawerenga ndipo ndamvetsetsa cholinga cha kafukufukuyu. Ndikuvomereza kutenga nawo mbali mu kafukufukuyu ndikupereka maganizo anga momwe ndingathere. Ndikumvetsa kuti nditha kusiyakuchita nawo kafukufuku mopanda kupereka chifukwa nthawi ili yonse.Ndikudziwa kuti sindiyenera kuvulala kapena kulephera kulandira chisamaliro pa moyo wanga chifukwa cha ndondomeko ya kafukufuku. Ndikumvetsa kuti mfundo zanga zidzasungidwa mwa chinsinsi moyenera mu kafukufukuyu. Ndikumvetsa kuti sindilandira ndalama kapena zinthu chifukwa chotenga nawo mbali.Ndikumvetsa kuti nditenga mbali pakafukufukuyu mopanda kulipidwa.Ndikudziwa momwe ndingalumikizirane ndi anthu ochita kafukufuku ngati patafunika. Ndikuvomereza mwa ufulu wanga kutenga nawo mbali.

……. …… ….....

Dzina la otenga nawo mbali Kusainira Tsiku

…… …… ……...

Dzina la mboni Kusainira Tsiku

……..... …… .....

Dzina la Opangitsa kafukufuku Kusainira Tsiku

Appendix C (i): Interview Guide

Study Topic:Lived Experiences of Older Women of Traditional Authority Kachindamoto in Dedza: A Psychosocial Perspective

Interview guide No…..….. Date…….....

SECTION A: Demographic Characteristics

Participant's Code No…….Sex……

Group Village

…….…….…….Village…….....

Marital status……..... Educational level……..

SECTION B: Research Questions

Key question:

What is it like to be old from a psychosocial point of view basing on your lived experiences?

The specific questions are as follows:

What are your psychosocial lived experiences?

How do you perceive your lived psychosocial experiences?

What psychosocial services and activities promote the psychosocial well being of older women in your area?

What roles do you play in your society?

What are your experiences in community response to HIV and AIDS?

What can you say about the plight of older women?

What is your perception aboutyouthful life and that of older people?

How has the government and its programmes supported your well being as an aged woman?

How have other development partners supported your well being?

Can you explain any abuses experienced?

What psychosocial services and activities do you feel can promote your well being?

How do you travel to access social services?

What do you expect the traditional leadership to do for your well being?

How does the society benefit from your old age?

AppendixC (ii): Mafunso

Ndondomeko yotsogolera mafunso pa kafukufuku okhudza ‘Moyo Omwe Agogo Aakazi Akhala mu Ukalamba wawo mdera la Mfumu yaikulu Kachindamoto ku Mtakataka: potengera umoyo wamalingaliro ndi makhalidwe ndi anthu.’

Nambala ya chikalata cha mafunso…..…….....

Tsiku…….……

GAWO A: Mbiri ya moyo

Nambala ya otenga mbali……Ngati ndi mkazi kapena mwamuna……

Dera (gulupu) …….…….……

Mudzi…….....

Moyo wa banja…….....Moyo wa maphunziro…….

GAWO B: Mafunso a kafukufuku

Funso lokunga mafunso ena onse:

Kodi mumamva bwanji m’maganizo mwanu mukadziika mgulu la anthu okalamba potengera zomwe mwakumana nazo m’moyo wanu?

Mafunso ogwirizana ndi funso liri m’mwambali:

Kodi mwakumana ndi zotani pa moyo wa ukalamba wanu wa m’malingirilo ndi chikhalidwe ndi anthu osiyanasiyana?

Moyo wa ukalamba mumautanthauzira bwanji potengera momwe mumakhalira ndi kugwirira ntchito ndi anthu osiyanasiyana?

Ndi ntchito ziti ku dera kwanu zomwe zimapititsa pa tsogolo umoyo wanu wa m’malingirilo ndi chikhalidwe chabwino ndi anthu?

Mumatenga gawo lanji la ntchito zosiyanasiyana ku dera kwanu?

Mwakumana ndi zotani m’moyo wanu pa nkhani yolimbana ndi kufala kwa kachirombo ka EDZI?

Mungafotokoze zotani zokhudza ulemu wa anthu okalamba m’dera lanu?

Mukusiyanitsa bwanji umoyo omwe munali a chitsikana ndi moyo wa ukalamba?

Boma latengapo gawo lanji popititsa pa tsogolo moyo wabwino wa anthu okalamba ku dera kwanu?

Nanga a mabungwe achitapo chiyani polimbikitsa umoyo wabwino wa m’malingaliro anu ndi chikhalidwe ndi anthu?

Mungafotokoze mchitidwe wina uliwonse wa nkhanza omwe munakumana nawo pa moyo wanu wa ukalamba?

Ndintchito ziti zomwe zingapititse pa tsogolo umoyo wabwino wa m’malingaliro ndi chikhalidwe cha okalamba m’mdera mwanu?

Mumayenda bwanji kukapeza zithandizo zosiyana siyana zopititsa pa tsogolo umoyo wokupatsani mtendere m’malingaliro anu?

Mumayembekeza zotani kuchokera kwa atsogoleri a m’mudzi?

Dera lanu limapindula nanu bwanji ngati munthu wa chikulire?

Appendix D Request for study permission



Kamuzu College of Nursing

Private Bag 1

Lilongwe.

Tel +2651751622

28th August, 2013.

The District Commissioner

Dedza District Council

P.O. Box 141

Dedza.

Dear Madam,

REQUEST FOR PERMISSION TO CARRY A PRETEST OF THE INTERVIEW GUIDE

I write to request for a permission from your office to conduct a pretest of the interview guide in one of the villages in T.A. Kachindamoto. I am a student studying for a Masters' of Science in Community Health Nursing. In partial fulfillment for the achievement of the programme, I am required to conduct a research related to the programme.

The research will be conducted on "Lived Experiences of Elderly Women in Traditional Authority Kachindamoto Area of Dedza: A Psychosocial Perspective." Pretesting will help to assess if the tool will measure what it intends to measure.

Your positive response will be greatly appreciated.

Yours Faithfully,

Matewere.

Sekundina Matewere.



Kamuzu College of Nursing

Private Bag 1

Lilongwe.

Tel +2651751622

Cell +265993914342

28th August, 2013.

The District Commissioner

Dedza District Council

P.O. Box 141

Dedza.

Dear Sir/ Madam,

ASKING FOR PERMISSION TO CARRY OUT A RESEARCH STUDY

I write to request for permission to conduct a research study in your district within T.A. Kachindamoto. I am a student studying for a Masters' of Science in Community Health Nursing. In partial fulfillment for the achievement of the program, I am required to conduct a research. The study is on "Lived Experiences of Elderly Women in Traditional Authority Kachindamoto Area of Dedza: A Psychosocial Perspective." The College of Medicine Research Ethics Committee requires your approval for my submission of the research proposal.

Your response will be greatly appreciated.

Yours Faithfully,

Sekundina Matewere.

Appendix E District Commissioner's Approval

Telephone :(Office) (265) 01223379
Fax (265) 01223379
Cell: (265) 0 999 9797659

All correspondence should be addressed to:
District Commissioner,
Dedza District Assembly
P.O. Box 140
Dedza
Malawi

30th October, 2013

REF. NO: DDC/DOA/16

TO WHOM IT MAY CONCERN

The bearer of this letter is **Mrs. Sekundina Matewere.**

She is to conduct a research on "**Lived Experiences of Elderly women of Traditional Authority Kachindamoto in Dedza: A psychosocial Perspective.**"

May you please assist her accordingly?

Should you need any further information please contact the undersigned.

Sphiwe Mauwa
DISTRICT COMMISSIONER

Appendix F COMREC Approval Certificate

CERTIFICATE OF ETHICS APPROVAL

This is to certify that the College of Medicine Research and Ethics Committee (COMREC) has reviewed and approved a study entitled:

P.12/13/1507 – Lived experiences of elderly women of Traditional Authority Kachindamoto in Dedza: a psychosocial perspective by Mrs Sekundina

On 14th March 2014

As you proceed with the implementation of your study, we would like you to adhere to international ethical guidelines, national guidelines and all requirements by COMREC as indicated on the next page

Approved by College of Medicine
14 MAR 2014
(COMREC)
Research and Ethics Committee

Dr. V. Mwapasa- Chairperson (COMREC)

14/03/14
Date

Appendix G: IPA procedural steps adopted from Smith, Osborn and Smith (2003)

This guided the step by step data analysis as follows:

- Reading each transcript several times while making notes about questions, meanings, understandings and the sense made by the participant and the researcher.
- Coding relevant text in each transcript if it referred to either the meaning or sense the participant was making of their experiences, or the meaning or sense the researcher was making of the participants' experience.
- Ascribing all the relevant text of each transcript, code names, which captured the meaning of that part of the text.
- Clustering the code names across transcripts in order to consider emergent master themes.
- Creating names for master themes and adjusted until they reflect the researcher's interpretation.
- Grouping the master themes into super-ordinate themes, which broadly reflect the shared experiences for the group of participants.

Appendix H: Colaizzi process for phenomenological data analysis

The following steps represent Colaizzi process for phenomenological data analysis (Strewbertand Carpenter, 2011).

1. Each transcript should be read and re-read in order to obtain a general sense about the whole content.

2. For each transcript, significant statements that pertain to the phenomenon under study should be extracted. These statements must be recorded on a separate sheet noting their pages and lines numbers.

3. Meanings should be formulated from these significant statements.

4. The formulated meanings should be sorted into categories, clusters of themes, and themes.

5. The findings of the study should be integrated into an exhaustive description of the phenomenon under study.

6. The fundamental structure of the phenomenon should be described.

7. Finally, validation of the findings should be sought from the research participants to compare the researcher's descriptive results with their experiences.

Appendix I: Lichtman six stage process of qualitative data analysis

Lichtman six stage process of qualitative data analysis (De Gagne & Walters, 2010).

Step 1

Creating of initial coding whereby upon completion of initial coding with one transcript, the process is repeated with the remaining transcripts

Step 2

Revising initial coding. A large number of codes that were developed in the previous step may need to be collapsed, renamed and modified if necessary

Step 3

Developing an initial list of categories or central ideas. The codes modified in Step 2 are reorganized from one long list of codes into several lists of categories with related codes as subset of the categories

Step 4

Modifying the initial list in which several lists of initial codes are revisited and modified through an additional re-reading process.

Step 5

Revisiting the categories and subcategories to remove redundancies utilizing researchers' judgement

Step 6

Moving from categories into concepts also referred to as themes. This final step is to identify key themes that reflect the meaning to the data collected.

Appendix J: Diekelmann, Allen and Tanner process of data analysis

Based on the Hermeneutic Phenomenology, Diekelmann, Allen and Tanner devised a step by step process of analyzing narrative text (Wojnar & Swanson, 2007). The steps are as follows:

Step 1

Reading the interviews to obtain an overall understanding

Step 2

Writing interpretive summaries and coding for emerging themes

Step 3

Analyzing selected transcripts to as a group to identify themes

Step 4

Returning to the text or to the participants to clarify disagreements in interpretation and writing a composite analysis for each text

Step 5

Comparing and contrasting texts to identify and describe shared practices and common meanings

Step 6

Identifying patterns that link the themes

Step 7

Eliciting responses and suggestions on a final draft from the interpretive team and from others who are familiar with the content or the methods of study

Appendix K: Table presenting demographic variables of all participants

Code Number	Age in Years	Marital Status	Village	Tribe	Educational Level	Occupation
1	61	Widow	Kakhome	Chewa	Standard 2	Peasant farmer
2	69	Single	"	Lomwe	None	" "
3	67	Married	"	Ngoni	Standard 6	" "
4	66	Widow	"	Chewa	Standard 5	" "
5	68	Widow	"	Chewa	Standard 3	" "
6	76	Widow	"	Ngoni	Standard 5	" "
7	63	Widow	"	Chewa	Standard 3	" "
8	70	Widow	Kafulama	Chewa	Standard 4	" "
9	78	Widow	"	Chewa	Standard 3	" "
10	84	Widow	"	Ngoni	None	" "
11	72	Married	"	Lomwe	Standard 3	" "
12	60	Married	"	Ngoni	Standard 5	" "
13	62	Married	"	Chewa	Standard 5	" "
14	90	Widow	"	Chewa	Standard 2	" "
15	65	Divorced	"	Lomwe	Standard5	" "
16	66	Divorced	"	Ngoni	None	" "